

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Monterius Holpt Freek*Date of death *1906* *Feb* *15* *Age* *40* Months DaysSex *Male* Color or Race *White* Birth-place *Dorchester Co*Occupation Where Residing if not at place of death *Insane*

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Genl Misan Tuberculosis*

How long

Immediate *Exhaustion*

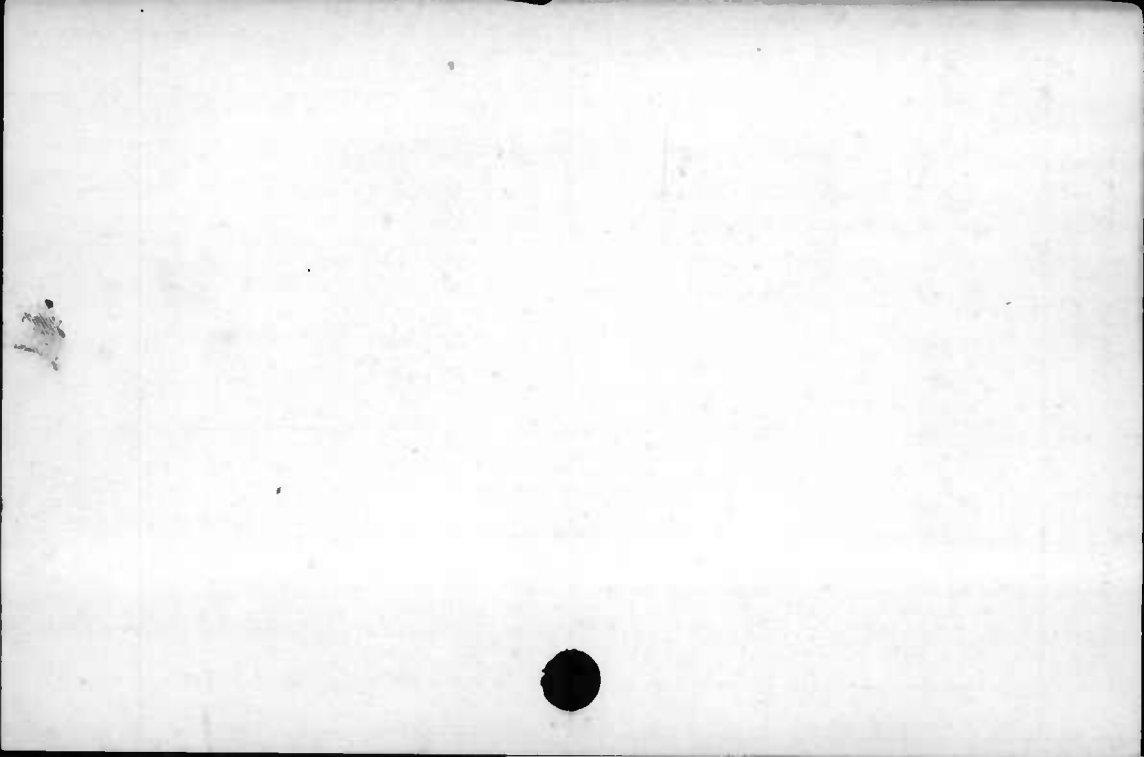
How long

Are the name, age, sex, color, date and place correctly given above?

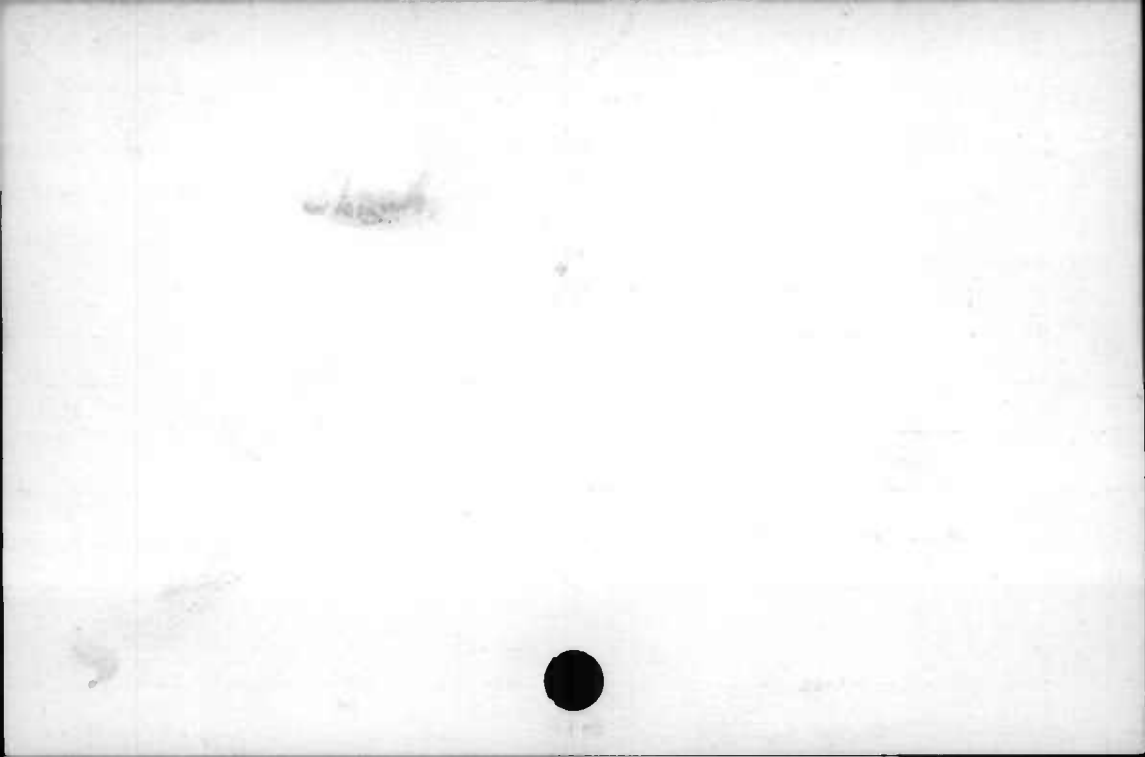
Signature of Physician

Address

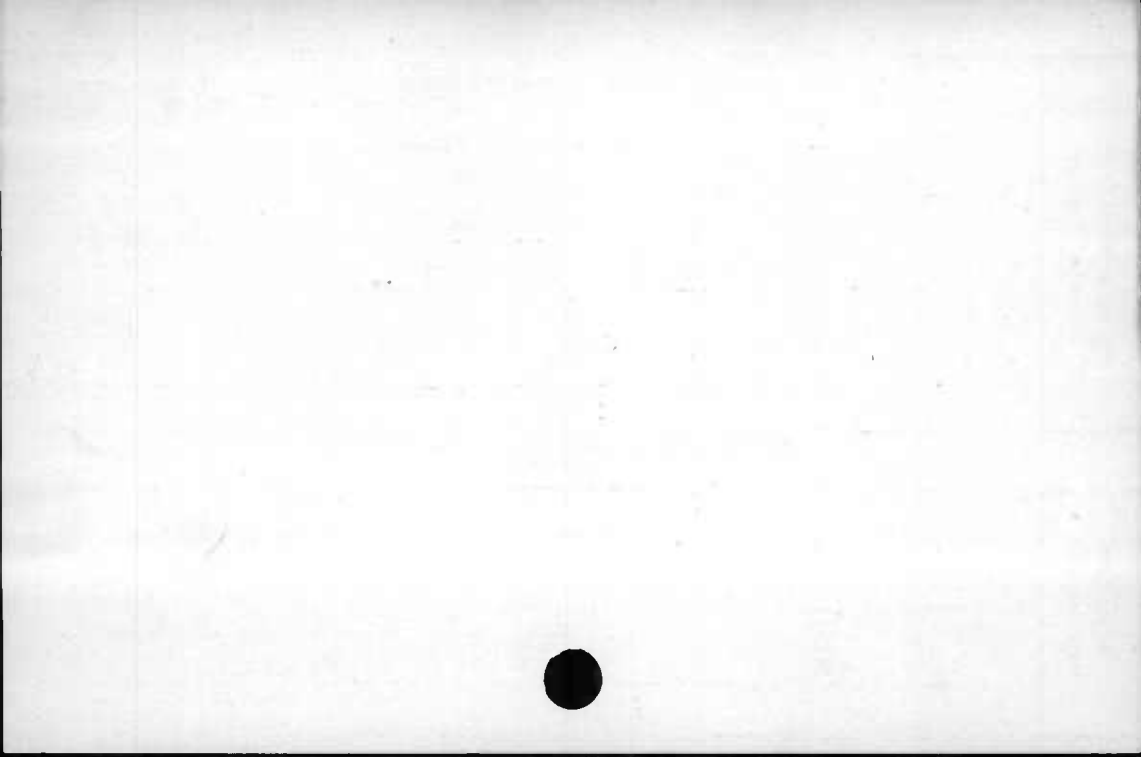
Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Minneapolis</i> ^{Town}				<i>Frederick</i> ^{County}	
		<div style="display: flex; justify-content: space-between;"> <div> Date of death <i>1906</i> ^{Year} <i>Feb-</i> ^{Month} <i>12th</i> ^{Day} <i>70</i> ^{Age} </div> <div> Months Days </div> </div>					
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>	
		Occupation <i>Shoemaker</i>			Where Residing if not at place of death *		
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Humble</i>			
		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information <i>James Fetzner</i>				How related to deceased <i>None</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Anosarcia</i>				How long <i>4 Months</i>	
		Immediate <i>Dropsy of the Heart</i>				How long <i>two weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>John B. Brauer, M.D.</i>	
						Address <i>Minneapolis, Md.</i>	
		Accident or Suicide?					



Name in Full		Eliza Baeth				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Montenisco Hoapt		Frederick					
	Date of death	1906	Month	Feb	Day	16	Age	45
	Sex	Female	Color or Race	Black	Birth-place	Howard Co		
	Occupation				Where Residing if not at place of death		X	
	Married, Single or Widowed	Single			Name of Wife or Husband	X		
	Father's Name				Father's Birthplace	X		
Mother's Maiden Name	X			Mother's Birthplace	X			
Name of person giving information	Y			How related to deceased	+			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		Cardiac debilitation			How long	2 months	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. S. Lyson			
			Address		Cheverie Ind			
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

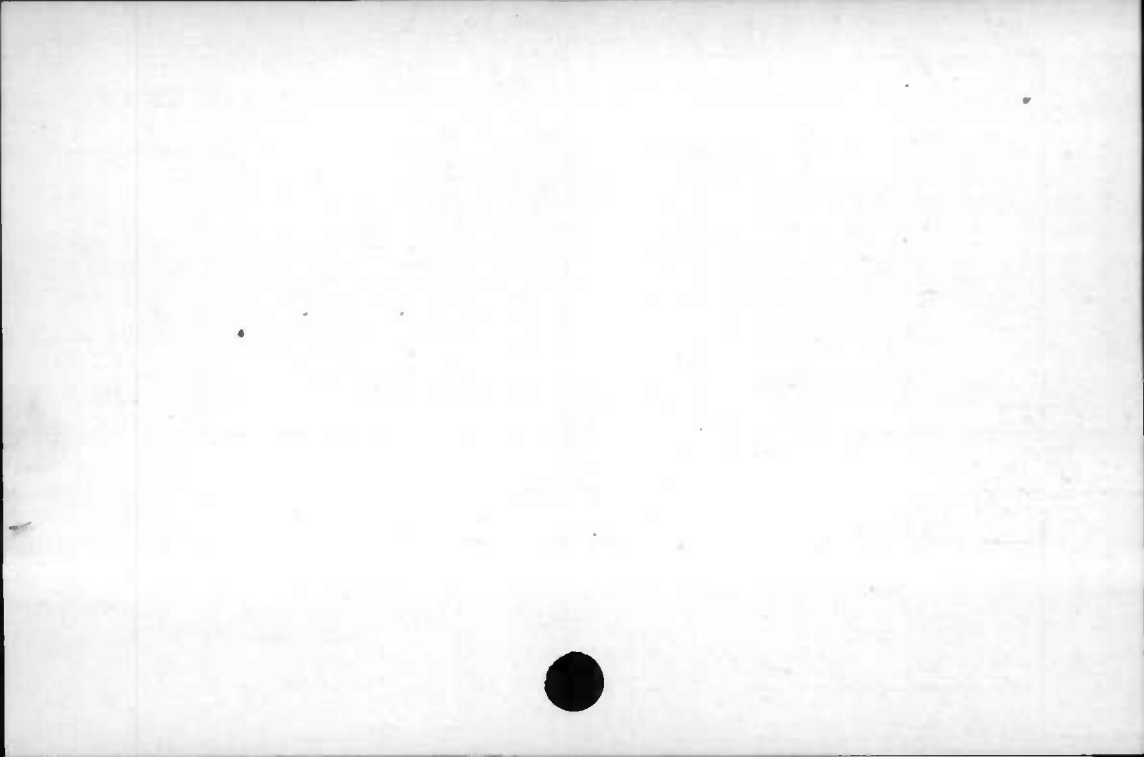
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery</i> ^{Town} <i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Feb</i> ^{Day} <i>16</i> ^{Years} <i>16</i>	Months		Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Leominster</i>		
Married, Single or Widowed	Name of Wife or Husband <i>X</i>		
Father's Name <i>X</i>	Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>	How related to deceased <i>X</i>		

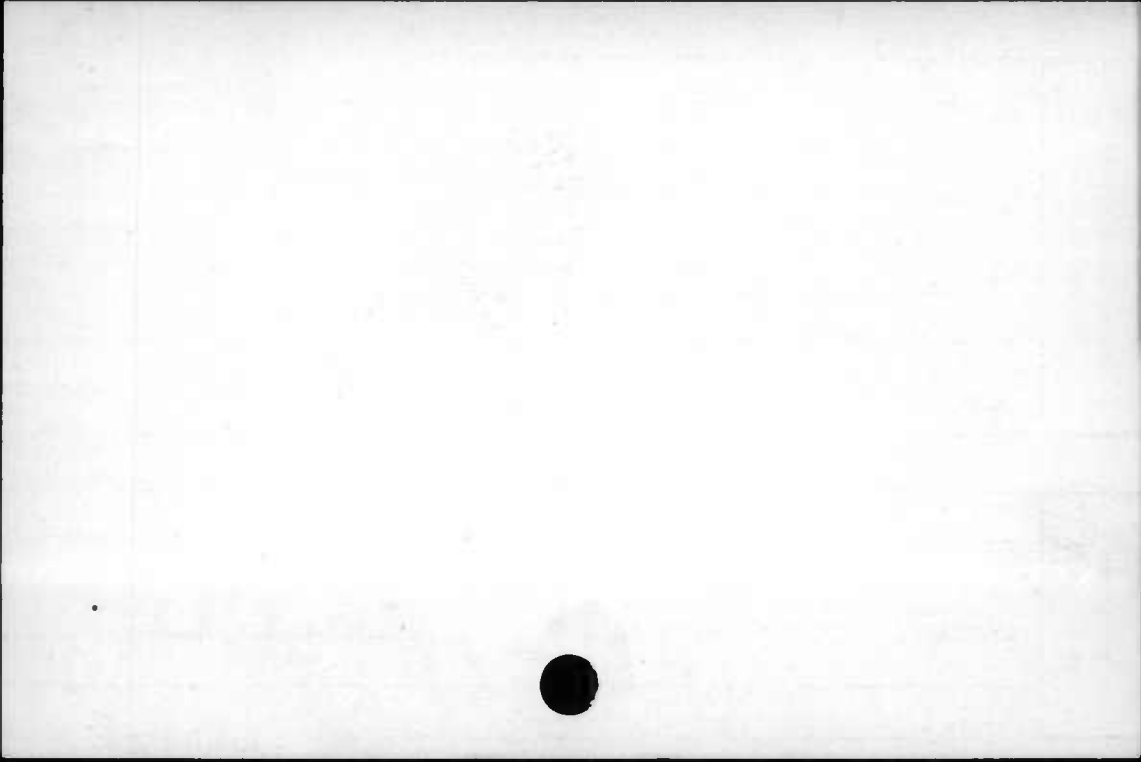
CAUSES OF DEATH

PHYSICIAN
OR CORONER

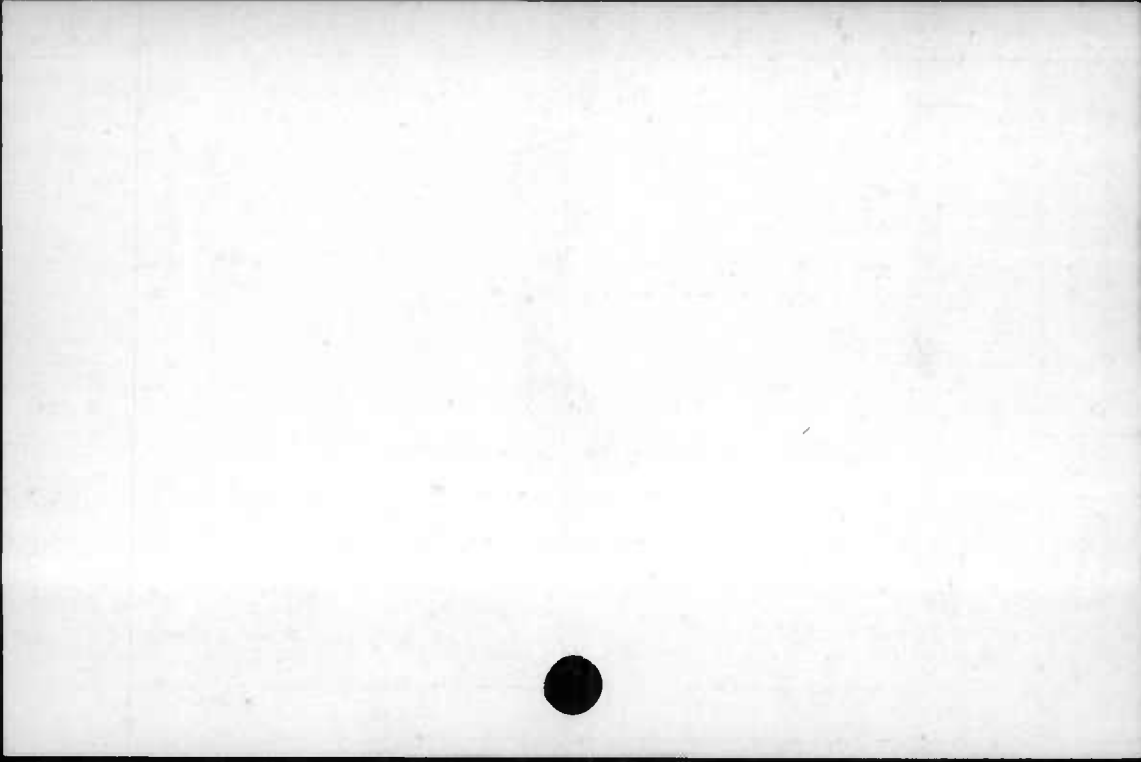
Primary <i>Gen'l Military Tuberculosis</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>(34)</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. E. Lyson.</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Not</i>



Name in Full		Hiram Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1906	Month 2	Day 6	Age —	Years —	Months 6
	Sex	Male		Color or Race Black		Birth-place Md	
	Occupation	X.		Where Residing if not at place of death		X	
	Married, Single or Widowed	X		Name of Wife or Husband		X	
	Father's Name	James Brown				Father's Birthplace Md	
	Mother's Maiden Name	Hannie Carter				Mother's Birthplace Md	
Name of person giving information	Hannie Carter				How related to deceased Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Spasms			(71)	How long 2 days	
	Immediate	Exhaustion				How long 1 day	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician M. C. Lang	
				Address City			
Accident or Suicide?							



Name in Full		John Callahan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		Feb	18	Age 86		
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Where Residing If not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senility				How long	
	Immediate	Cardiac dilatation.				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name
in
Full

Melvin D. Casteo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>Feb'y.</i>	Day <i>5</i>	Age <i>4</i>	Months <i>7</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Church Hill</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Benjamin R. Casteo</i>			Father's Birthplace <i>Ellerton</i>		
Mother's Maiden Name <i>Minnie Geyer</i>			Mother's Birthplace <i>Ellerton</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>Cardiac failure (Laryngeal extension)</i>	How long	<i>2 ds.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. H. Hoke M.D.</i>
		Address	<i>Myersville Md.</i>
Accident or Suicide?			



Name

in

Full

Grabelle Clay

No 9

CERTIFICATE OF DEATH

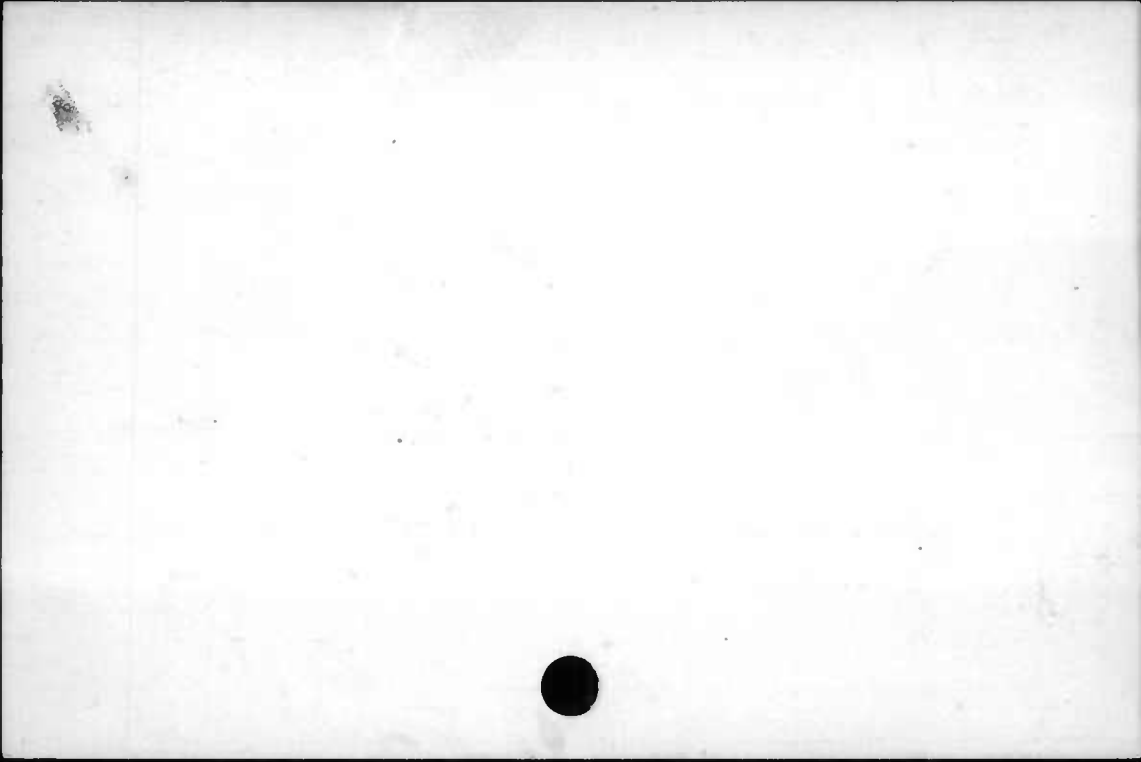
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hempston</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>15</i>		Age <i>75</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i> Days <i>17</i>	
Occupation <i>housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Adolphus Clay</i>					
Father's Name <i>John Phillips</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Jane Waters</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Grace Poole</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis</i>		How long <i>for years</i>	
Immediate <i>Pneumonia</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins Jr.</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Maryland.</i>	



Name
in
Full

Earl to bluing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Ijamsville</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>2</i>	Day <i>21</i>	Age <i>17</i>	Years	Months <i>2</i>	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas E Cluing</i>		Father's Birthplace <i>Fredrick Co Md</i>					
Mother's Maiden Name <i>Fannie Montgomery</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thomas E Cluing</i>		<i>(47)</i>		How related to deceased <i>Father</i>			

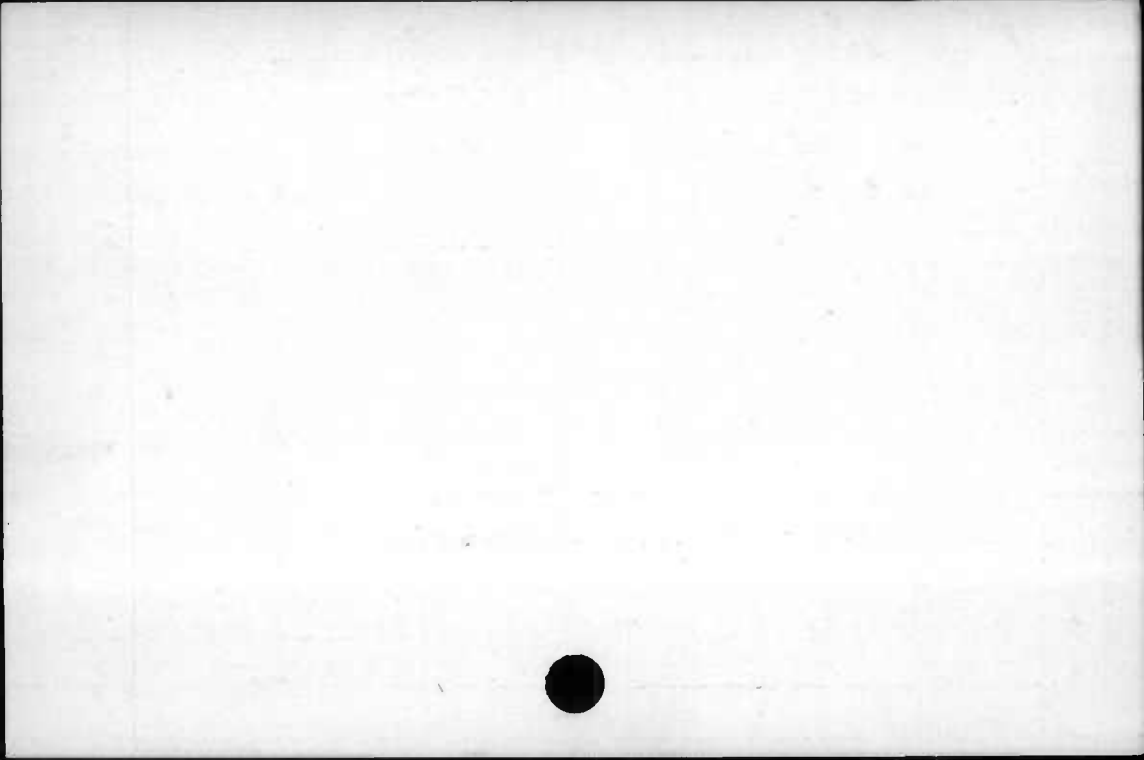
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Inflammatory Pneumonia</i>	How long <i>Two weeks.</i>
Immediate <i>Endocarditis.</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Fredrick Md.</i>
Accident or Suicide?	

Mt Olivet Cemetery
L L Carey.

Name in Full Thomas Cooper		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Montgomery Hospital Fredrick		MARYLAND
	Date of death 1906	Month Feb	Day 14
	Age 64		Months
	Sex Male	Color or Race Black	Birthplace Fredrick
	Occupation		Where Residing if not at place of death X
	Married, Single X	Name of Wife or Husband X	
	Widowed		
PHYSICIAN OR CORONER	Father's Name X		Father's Birthplace X
	Mother's Maiden Name X		Mother's Birthplace X
	Name of person giving information		How related to deceased X
	CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary Sanguine		How long
	Immediate Septicaemia		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. S. Lyson
			Address Fredrick Md.
	Accident or Suicide?		



Name
in
Full

William M. Cummings

CERTIFICATE OF DEATH

Died at *Indues Md* *Indues* County

MARYLAND

Date of death *1906 Feb 23* Age *41* Months Days *2*

Sex *Male* Color or Race *White* Birthplace *Indues Md*

Occupation *Telegraph Operator* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Ellen W. Luceri*

Father's Name *John Cummings* Father's Birthplace *Sumner's Island*

Mother's Maiden Name *May Cummings* Mother's Birthplace *King Island*

Name of person giving information *Don Cummings* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Interstitial Nephritis* How long *Do not know.*
120
Immediate *Uræmia* How long *one month.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

2. B. Johnson
Indues Md.

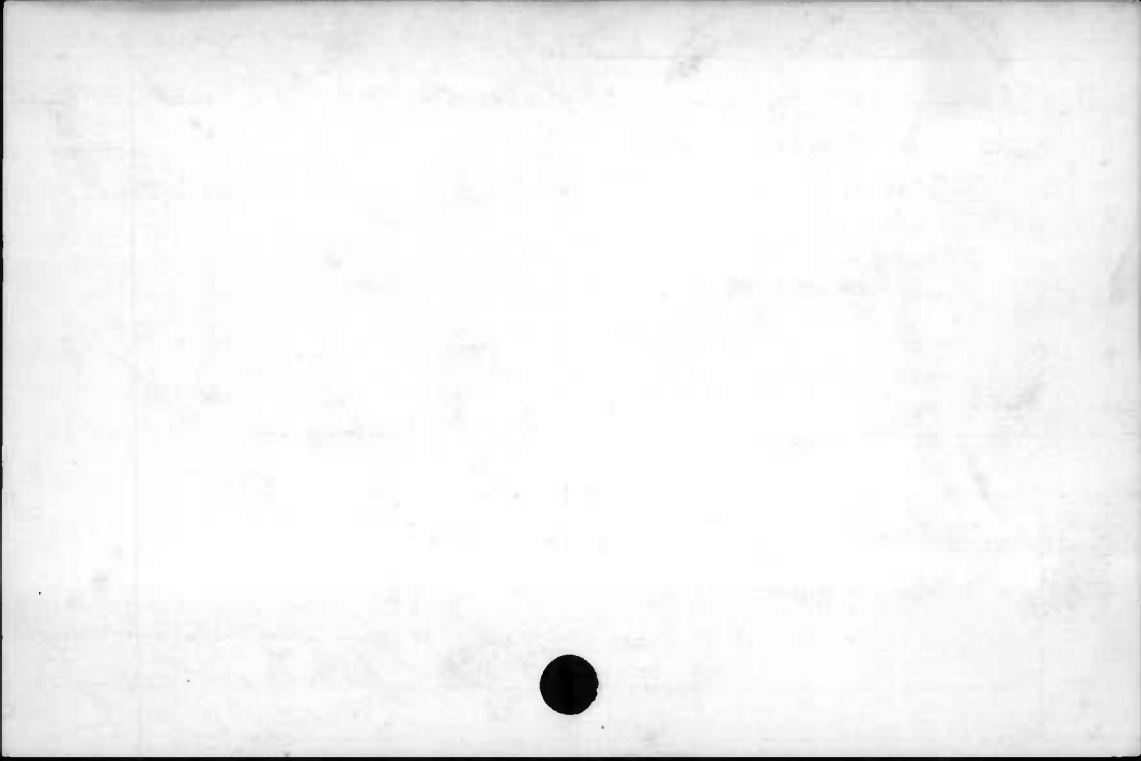
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Charlotte Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND	
	Date of death		1906	Month Feb.	Day 14	Age	Years 87	Months
	Sex		Female		Color or Race		Colored	
	Occupation		Domestic		Birth-place		Md.	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Alexander Davis	
	Father's Name		Don't know		Father's Birthplace		Don't know	
Mother's Maiden Name		Don't know		Mother's Birthplace		Don't know		
Name of person giving information		Alexander Davis		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Chronic Nephritis with Cardiac complication				How long	Several years
	Immediate		Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		L. W. Brown			
			Address		Frederick, Md.			
Accident or Suicide?								



Name
in
Full

Thomas Dixon

CERTIFICATE OF DEATH

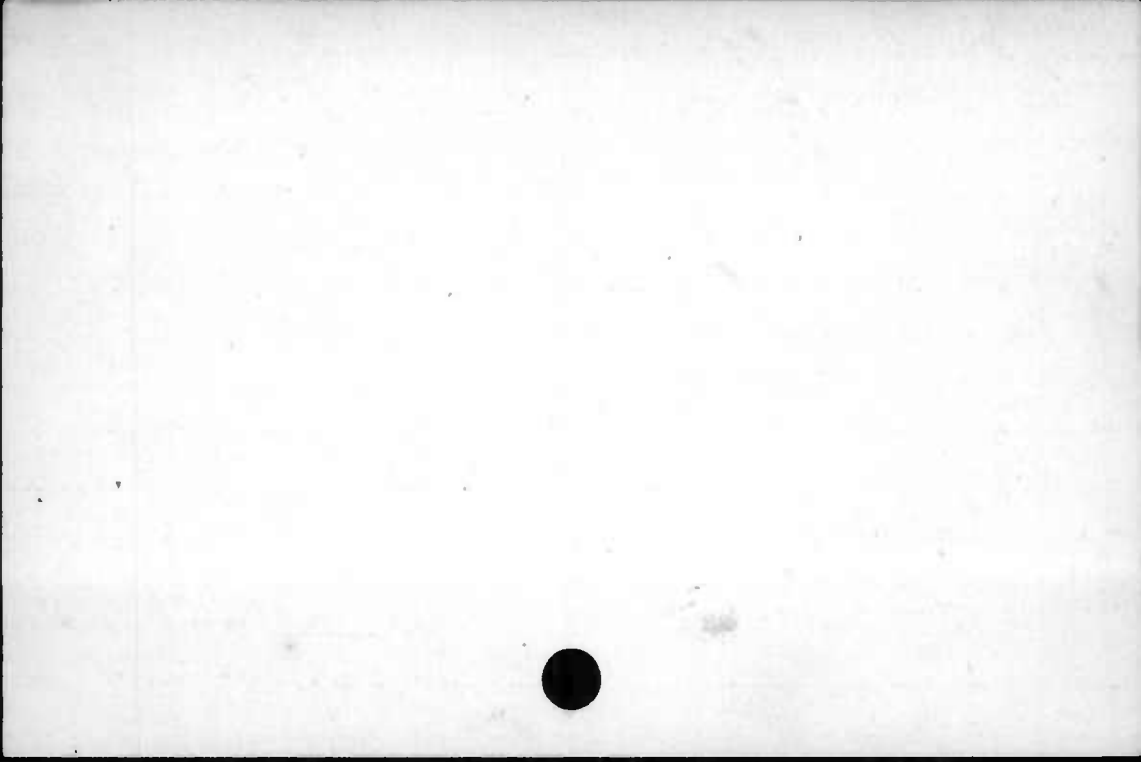
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		1906	Month	Feb.	Day	12	Age	87	Years	Months	20	Days
Sex	Male		Color or Race	White		Birth-place	Frederick Co.					
Occupation	Farmer		Where Residing if not at place of death									
Married, Single or Widowed	Widowed		Name of Wife or Husband									
Father's Name	John H Dixon		Father's Birthplace	Md								
Mother's Maiden Name	Mary Robey		Mother's Birthplace	Md								
Name of person giving information	Sand Dixon		How related to deceased	Son								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	
Immediate	Broken Hip	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E E Lulling
		Address	Urbana Md
Accident or Suicide?			



Name
in
FullMarian Elizabeth Eighelberger,
Town Frederick County

CERTIFICATE OF DEATH

MARYLAND

Died at

Wacker Ridge

Frederick

Date

of death 1906 Feb

Month

Day

28

Age

Years

60

Months

10

Days

12

Sex

Female

Color or
Race

White

Birth-
place

B. Ridge Ind

Occupation

Teacher (Retired)

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph Eighelberger

Father's
Birthplace

Ind

Mother's
Maiden Name

Elizabeth Hoke

Mother's
Birthplace

Ind

Name of person giving
Information

Greg. Eighelberger

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Progressive Paralysis

How long

2 yrs

Immediate

Hemiplegia

How long

1 week

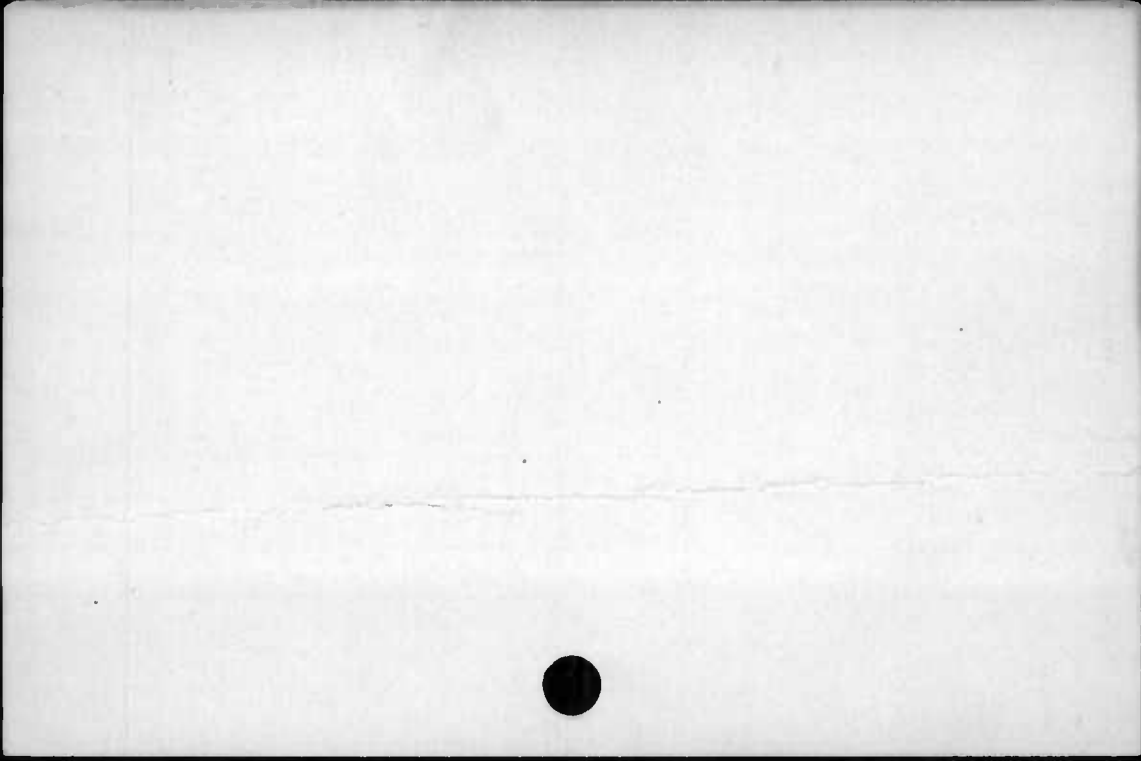
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

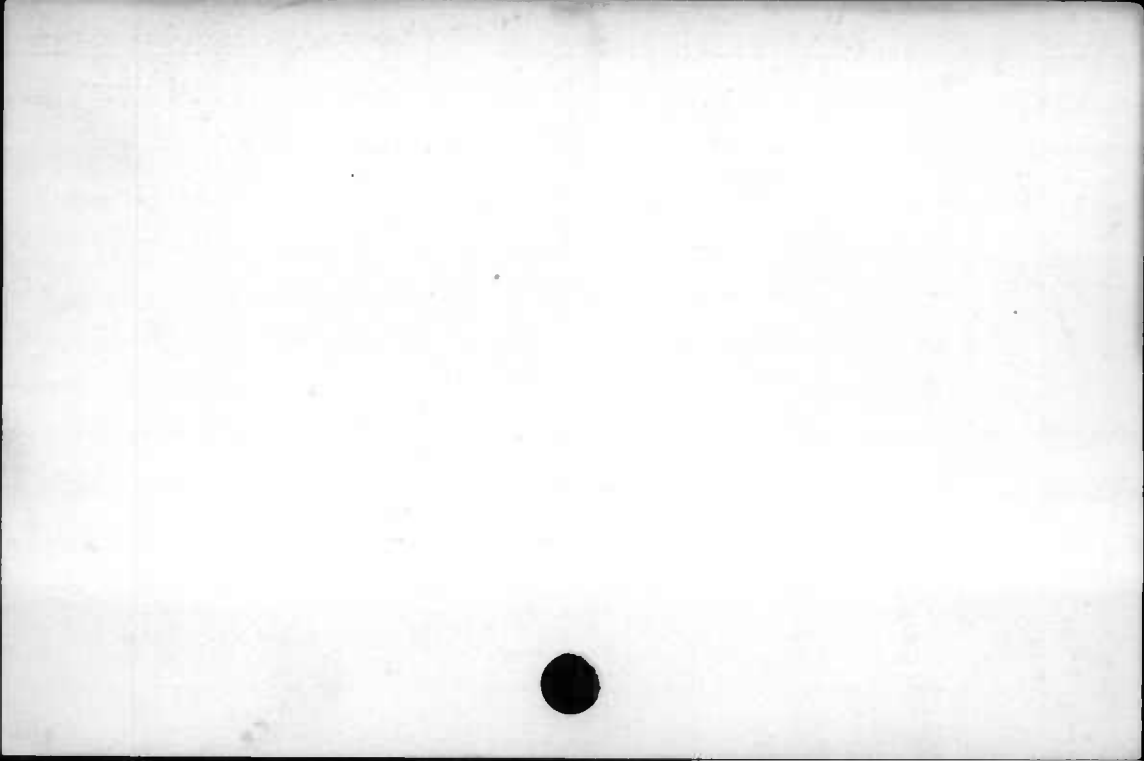
Thomas A. Bailey
Thurmont
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Susana Ekler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Libertytown		County		Frederick	
	Date of death		1906	Month	Feb	Day	21 st	
					Years	55		
					Months	17		
	Sex	Female		Color or Race	White		Birthplace	Penn.
	Occupation	Servant		Where Residing if not at place of death				
	Married, Single or Widowed	Widow		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Henry Munshauer		Father's Birthplace		Ind.	
	Mother's Maiden Name		Nancy Steu		Mother's Birthplace		Penn.	
	Name of person giving information		Sarah Swadmer		How related to deceased		Sister	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Nervous Prostration		How long		6 weeks	
	Immediate		Heart Failure		How long		2 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. B. Poole	
					Address		Libertytown	
	Accident or Suicide?						Ind.	



Name
in
Full

John Reuben Eyles -

CERTIFICATE OF DEATH

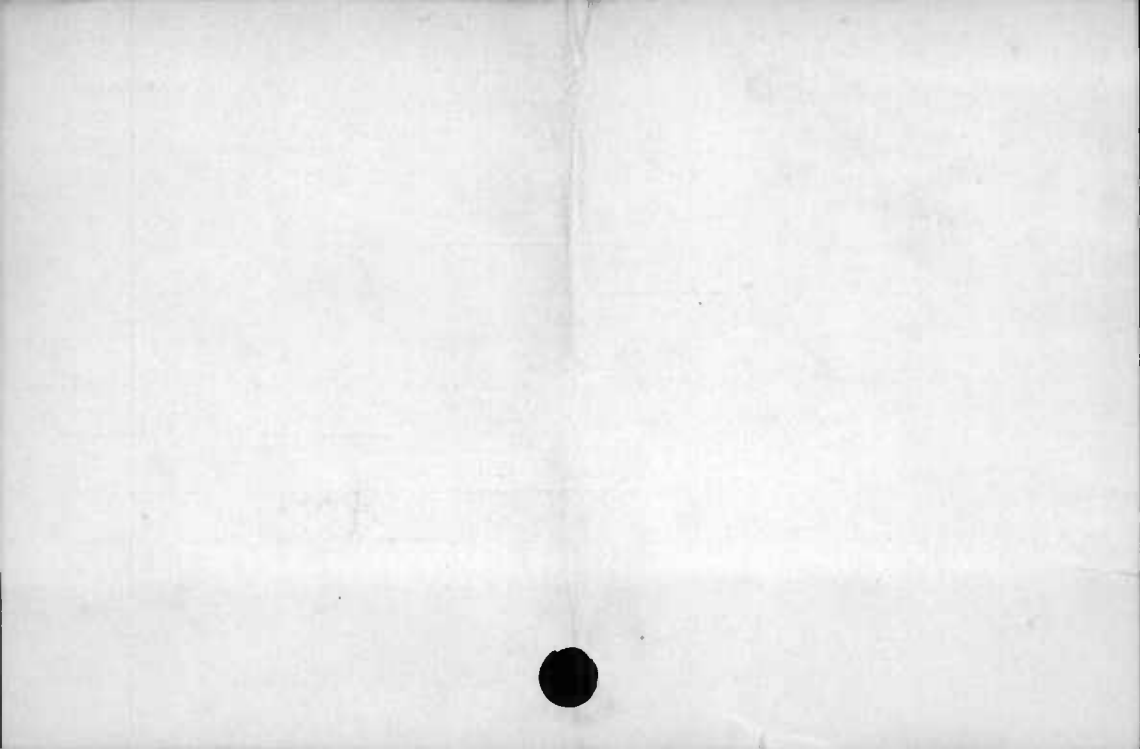
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Inderuch		County Inderuch -		MARYLAND	
Date of death	1906	Month 2	Day 2	Age 68	Years -	Months -	Days -
Sex	Male		Color or Race	White		Birth- place	Geo
Occupation	Farmer Hand			Where Residing if not at place of death		Dublin -	
Married, Single or Widowed			Name of Wife or Husband X				
Father's Name			Unknown			Father's Birthplace	
Mother's Maiden Name			Unknown			Mother's Birthplace	
Name of person giving Information			Wm H Cramer			How related to deceased	
						Employer	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	X
Immediate	Paralyzed Heart	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Bastian Buchanan Ingh	
Address		Inderuch md	
Accident or Suicide?		X	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* TownCounty *Frederick*Date of death *1906* Month *Feb* Day *10th* Age *88* YearsMonths *8* DaysSex *Female* Color or Race *White*Birth-place *Ireland*Occupation *Sister of Charity*
*Religious*Where Residing If not
at place of death *=*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *John Flynn*Father's Birthplace *Ireland*Mother's Maiden Name *Bridget Claffy*Mother's Birthplace *Ireland*Name of person giving
Information *Bernadine Brenden*How related
to deceased *Son*

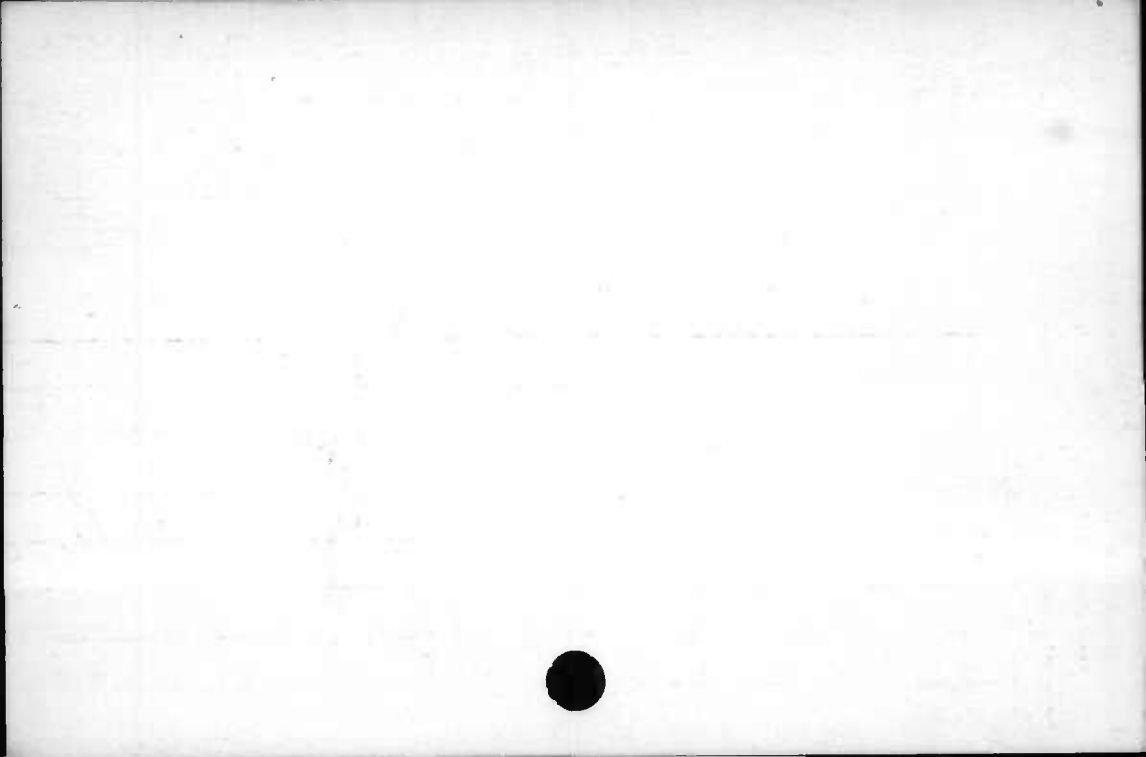
CAUSES OF DEATH

Primary *Natural causes of old age*

How long

Immediate *Paralysis of the brain*How long *45 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *John B. Kraemer M.D.*Address *Emmitsburg Md.*

Accident or Suicide?



Name
in
Full

Francis Fogle

CERTIFICATE OF DEATH

Died at *Fredricks*

Town

Fredricks

County

MARYLAND

Date
of death 1906

Month

2

Day

13

Age

Years

68

Months

Days

Sex *Male*Color or
Race*White*Birth-
place

Occupation

*Laborer*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*

Name of Wife

*Margaret Trone*Father's
Name*Baltzer Fogle*Father's
Birthplace*Ta*Mother's
Maiden Name*Unknown*Mother's
BirthplaceName of person giving
information*Marshall Fogle*How related
to deceased*Son*

CAUSES OF DEATH

Primary

General debility **154** *18 months*

Immediate

*Exhaustion*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. M. Gardner M.D.
Frederick, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Ann Boyle

CERTIFICATE OF DEATH

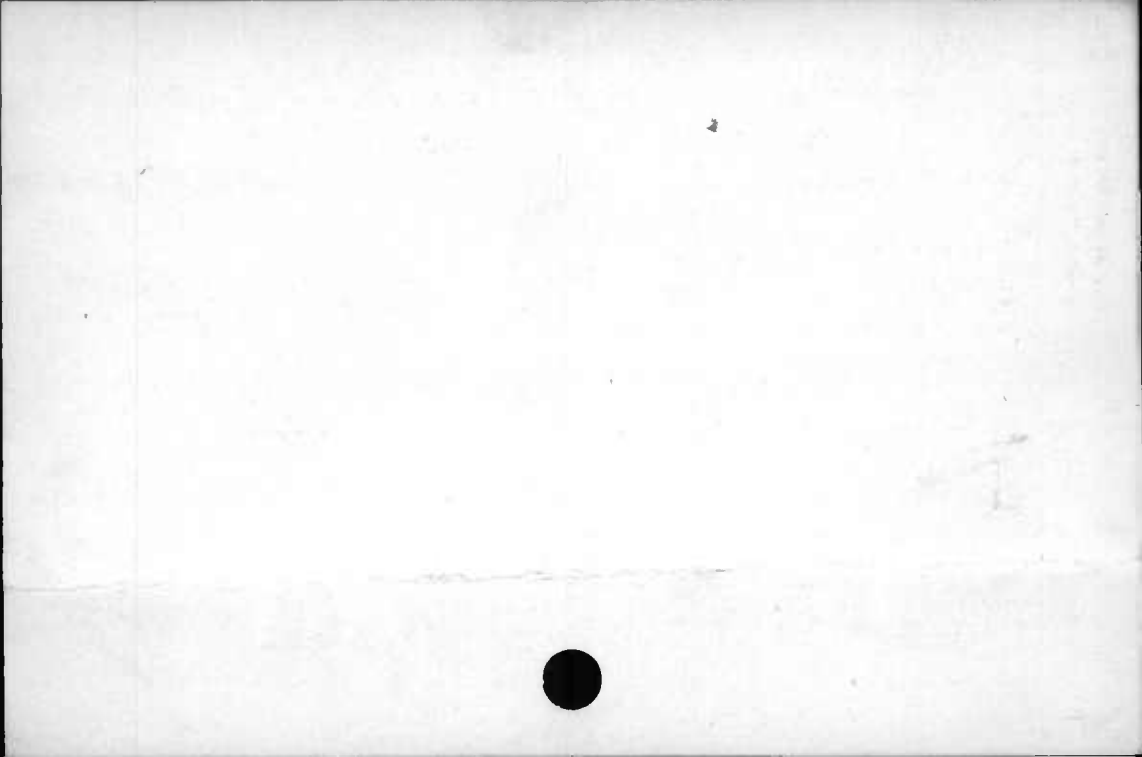
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ladiesburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>75-</i>	Years	Months <i>4</i>	Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sabylleville Md</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Boyle of J.</i>					
Father's Name <i>Abraham Derr</i>		Father's Birthplace <i>Frederick Md</i>					
Mother's Maiden Name <i>Mary Cover</i>		Mother's Birthplace <i>do.</i>					
Name of person giving information <i>Annie R. Hyder</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>6 or 8 weeks</i>
Immediate <i>Senile Gangrene</i>	How long <i>4 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. A. Boyle</i>
	Address <i>Woodboro, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Temple Fouché

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Araby</u> <small>Town</small>		<u>Freak</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	<u>2</u> <small>Month</small>	<u>15</u> <small>Day</small>	<u>64</u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Va</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Lucinda Hawley</u>				
Father's Name	<u>Temple Fouché</u>			Father's Birthplace	<u>Wash</u>
Mother's Maiden Name	<u>Anna Torriow</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>Harry Fouché</u>			How related to deceased	<u>Son</u>

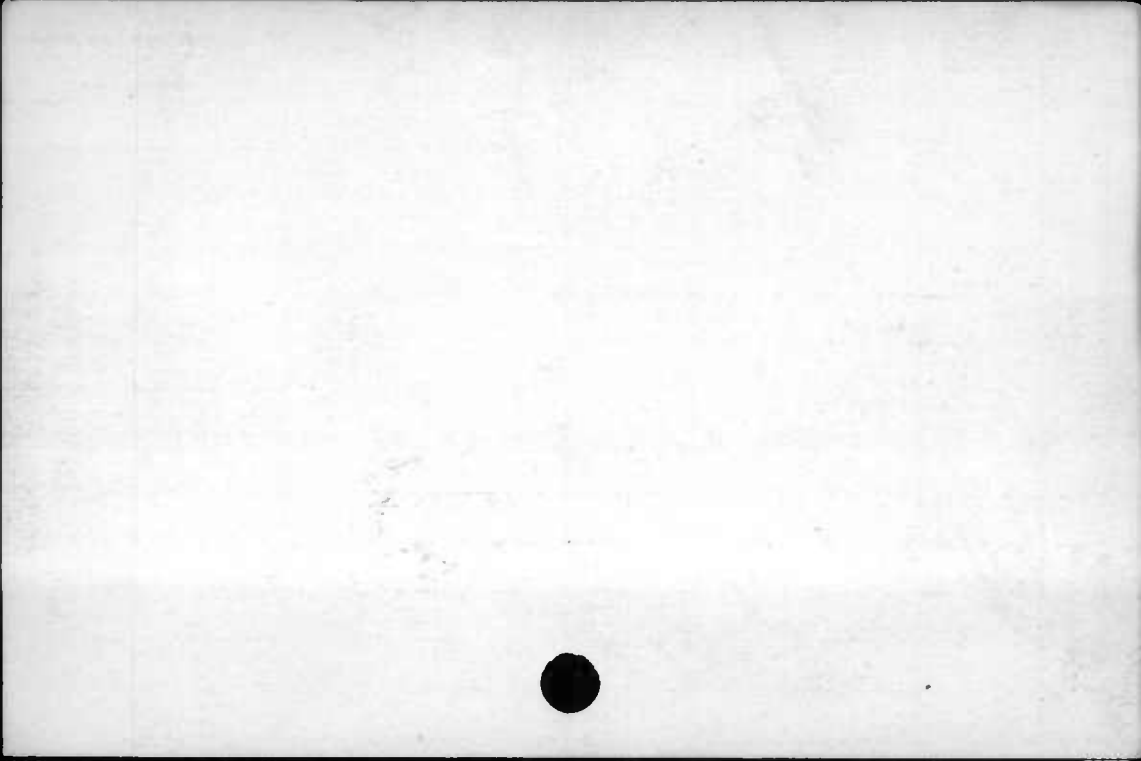
CAUSES OF DEATH

PHYSICIAN
OR CORONER

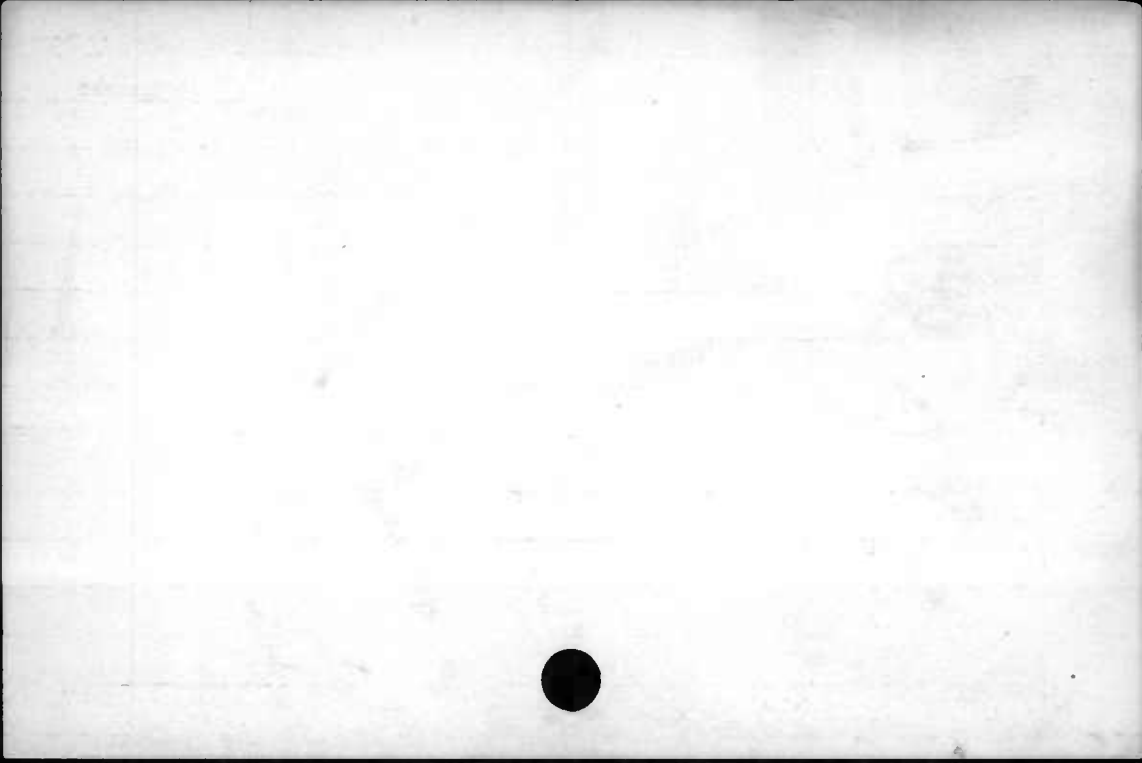
Primary	<u>Carcinoma of Intestines</u>	How long	<u>2 years</u>
Immediate	<u>Exhaustion</u> <u>(41)</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Chas F. Gooden and</u>	
		Address	
		<u>Fredensck</u>	
Accident or Suicide?			
<u>No</u>			



Name In Full Sydia Agnes Fowler		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Emmitsburg <small>Town</small>		Frederick <small>County</small>
	Date of death 1906 <small>Month</small> February <small>Day</small> 24		90 <small>Years</small>
	Female <small>Sex</small>	White <small>Color or Race</small>	Maryland <small>Birth-place</small>
	Housewife <small>Occupation</small>		Where Residing if not at place of death
	Widow <small>Married, Single or Widowed</small>	_____ <small>Name of Wife or Husband</small>	
	Joseph Felix <small>Father's Name</small>		Don't Know <small>Father's Birthplace</small>
	Mary O'Connell <small>Mother's Maiden Name</small>		Don't Know <small>Mother's Birthplace</small>
Mrs. Jno. Sebald <small>Name of person giving information</small>		Daughter <small>How related to deceased</small>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Pneumonia <small>Primary</small>		93 <small>How long</small>
	Effects of Pneumonia <small>Immediate</small>		9 Days <small>How long</small>
	Yes. <small>Are the name, age, sex, color, date and place correctly given above?</small>		Mrs. Sebald <small>Signature of Physician</small>
			Emmitsburg <small>Address</small>
	Accident or Suicide?		7 <small>_____</small>



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Joseph J. Fox</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
	Date of death	<i>1906</i>	Month	<i>Feb.</i>	Day	<i>2</i>
	Age	<i>69</i>	Years	<i>11</i>	Months	<i>27</i>
	Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>md.</i>
	Occupation	<i>Farmer</i>		Where Residing if not at place of death		
	Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		
	Father's Name	<i>George P. Fox</i>			Father's Birthplace	<i>md.</i>
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Sophia Bussard</i>			Mother's Birthplace	<i>"</i>
	Name of person giving information	<i>A. B. Brandenburg</i>			How related to deceased	<i>nephew</i>
	CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Apoplexy</i> (4)			How long	
	Immediate				How long	<i>2 wks</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>A. J. Smith</i>	
				Address	<i>Wolfswill md.</i>	
	Accident or Suicide?					



Name in Full		Charles Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Barick's Lime Kilns		County		Fred.
	Date of death		1906	Month	2	Day	15
	Age		32	Years	1	Months	17
	Sex		male	Color or Race		White	Birth-place
	Occupation		day laborer	Where Residing if not at place of death		Barick's Lime Kilns	
	Married, Single or Widowed		Single	Name of Wife or Husband		Annie Gibson	
	Father's Name		Alex Gibson	Father's Birthplace		New York	
Mother's Maiden Name		Francis Waller	Mother's Birthplace		Ga		
Name of person giving information		Alex Gibson	How related to deceased		Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		(176)				How long
	Immediate		State wound in heart				How long
	Are the name, age, sex, color, date and place correctly given above?		—		Signature of Physician		
					Address		
					Woodboro Md.		
Accident or Suicide?		Homicide					



Name
in
Full

CERTIFICATE OF DEATH

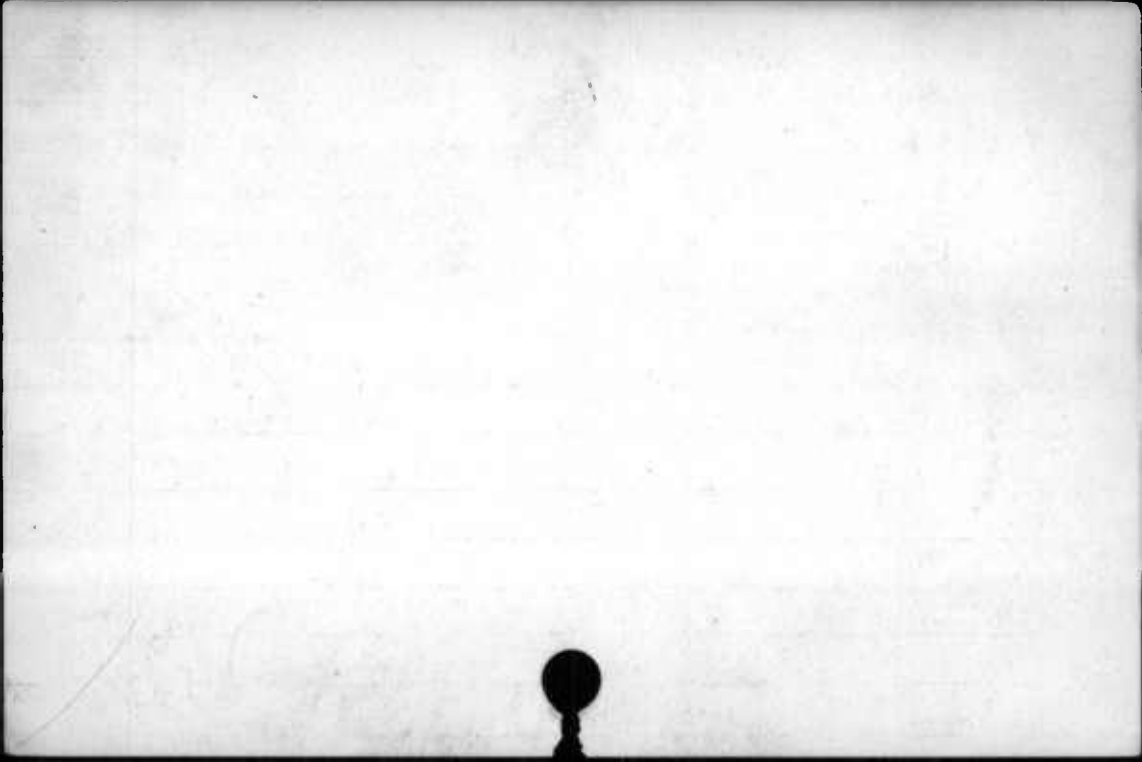
TO BE ANSWERED BY
NEAREST FRIEND

Died at Pleasant Walk		Frederick		MARYLAND	
Date of death 1906	Feb	Day 3	Age 57	Months 11	Days 4
Sex Female	Color or Race White		Birth-place Boonsboro		
Occupation Housekeeping	Where Residing if not at place of death Pleasant Walk				
Married, Single or Widowed Widow	Name and Title of Husband Hershiah Green				
Father's Name Samuel B. Pitt	Father's Birthplace Boonsboro				
Mother's Maiden Name Anahelie Gannard	Mother's Birthplace Pleasant Walk				
Name of person giving information Perry Green	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis & Pulmonary Effec.	How long Two years
Immediate Congestion Pulmonary	How long 3 days.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. S. Davis
	Address Boonsboro
Accident or Suicide?	



Name
in
Full

Charles Lester Grove

CERTIFICATE OF DEATH

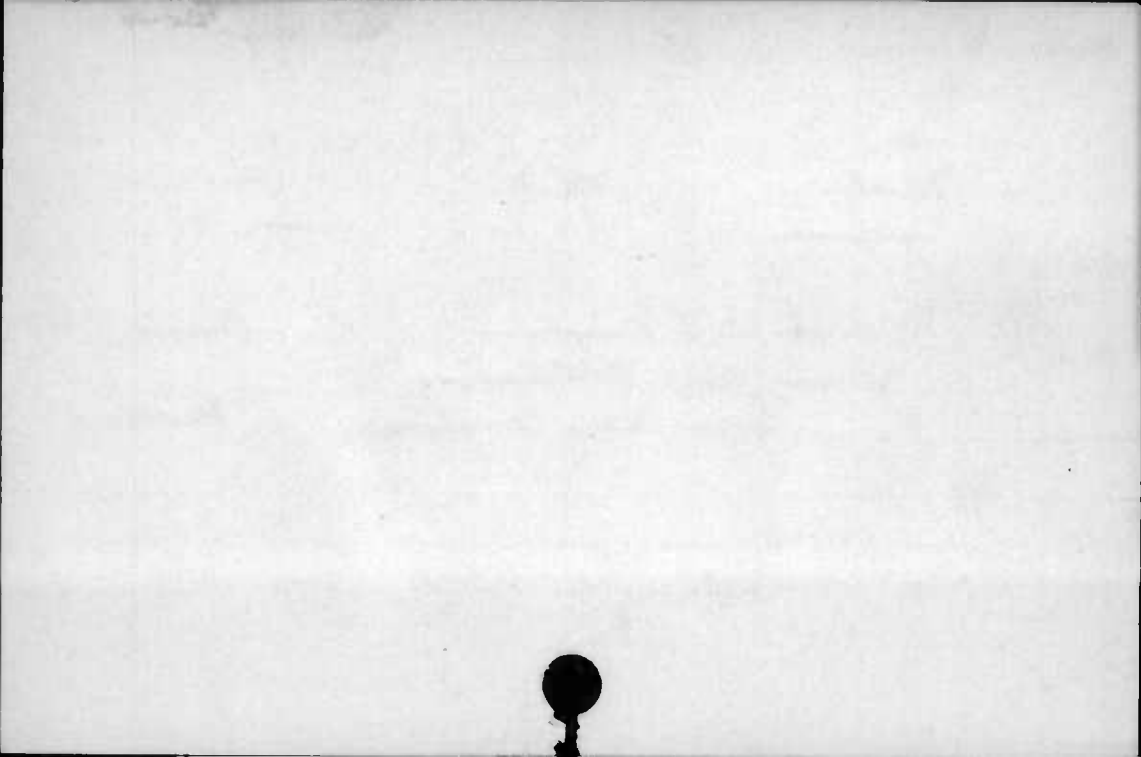
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick,</i>		County		MARYLAND			
Date of death	<i>1906</i>	Month	<i>2</i>	Day	<i>21</i>	Age	<i>2</i>	Months	<i>5</i>	Days	<i>3</i>
Sex	<i>Male</i>			Color or Race	<i>White</i>			Birth-place	<i>City</i>		
Occupation	<i>_____</i>				Where Residing if not at place of death		<i>Same</i>				
Married, Single or Widowed	<i>Single</i>				Name of Wife or Husband		<i>_____</i>				
Father's Name	<i>Wm. F. Grove</i>						Father's Birthplace	<i>City</i>			
Mother's Maiden Name	<i>Mora F. Phoebus</i>						Mother's Birthplace	<i>"</i>			
Name of person giving information	<i>Mrs. Grove.</i>						How related to deceased	<i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burns</i>	How long	<i>26 hours</i>
Immediate	<i>Edema of Lungs</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. J. Baker MD</i>
		Address	<i>23 E Church St.</i>
Accident or Suicide?	<i>_____</i>		



Name in Full *Stuart Daniel Grumbine*


CERTIFICATE OF DEATH

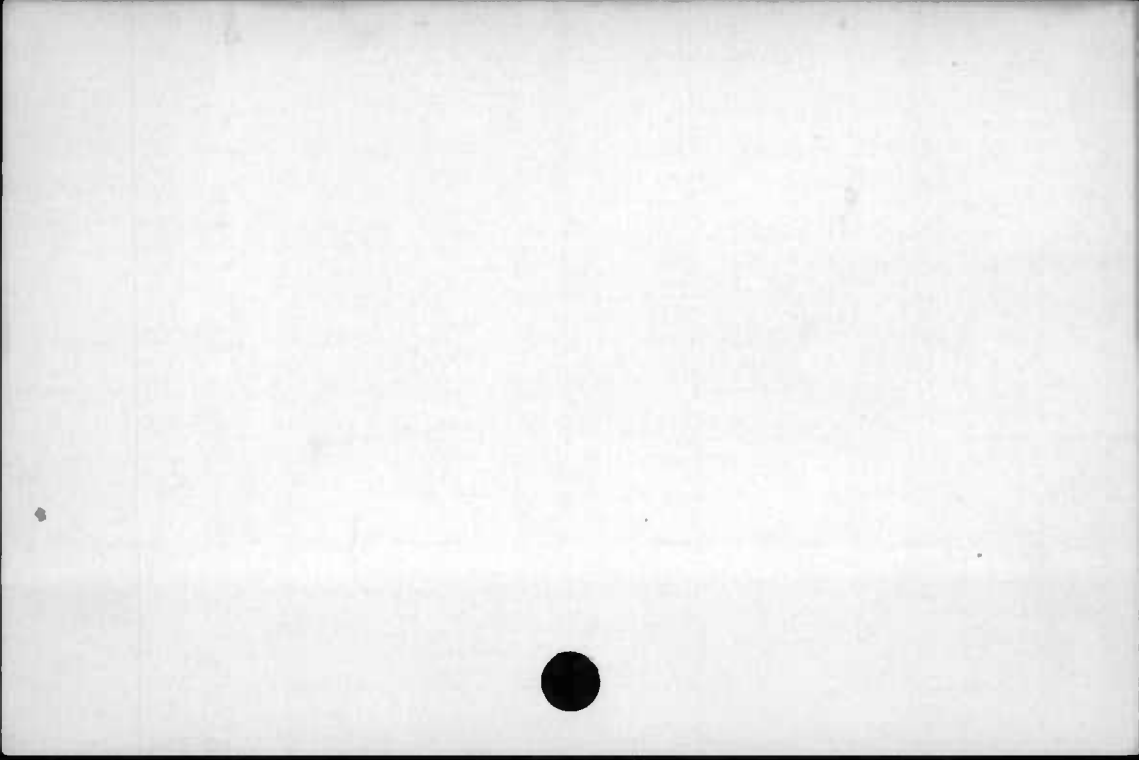
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		County <i>11</i>		MARYLAND	
Date of death <i>1906</i>	<i>February</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	Months <i>5</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Marshall S Grumbine</i>			Father's Birthplace <i>Frederick Co Md</i>		
Mother's Maiden Name <i>Lora May McAllister</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Lora May Grumbine</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Trauma</i>		How long <i>2 weeks</i>
Immediate <i>Convulsions</i>		How long <i>approx during the period</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. S. Hayward</i>
		Address <i>17 Second St. Fred Md.</i>
Accident or Suicide? <i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

Died at

Stearns Harley
Town
Bridgerick

County

Bridgerick

MARYLAND

Date

of death 1906

Month

2

Day

8

Age

Years

24

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Virginia

Occupation

~~Unknown~~ B&O EmployeeWhere Residing if not
at place of death

Brunswick

Married, Single
or WidowedName of Wife or
Husband

x

Father's
Name

- Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Miss Watson (Nurse)

How related
to deceased

None -

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 wks -

Immediate

Hemorrhage of the bowels.

How long

2 days -

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Franklin Buchanan Smith

Address

Court St.

Bridgerick Md.

Accident or Suicide?

x

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Annai Harshman				CERTIFICATE OF DEATH	
Died at		Walburnville		Tus County		MARYLAND	
Date of death 1906		Feb		Day 14		Age 81	
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Birth- place	
Name of Wife Husband		David Harshman					
Father's Name		John Ogle				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		Physician				How related to deceased	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	General Debility	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
	Accident or Suicide?		Address

22

Name
in
Full

Rachel Hawkins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	27	19			
Sex		Color or Race		Birthplace			
Female		Black		Howard Co			
Occupation				Where Residing if not at place of death			
X				X Insulin			
Married, Single or Widowed		Name of Wife or Husband					
X		X					
Father's Name				Father's Birthplace			
X				X			
Mother's Maiden Name				Mother's Birthplace			
X				X			
Name of person giving information				How related to deceased			
X				X			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Miliary Tuberculosis	How long
Immediate	Pulmonary form.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		R. S. Lyson.
		Address
		Bohlerick
		Dr. J.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

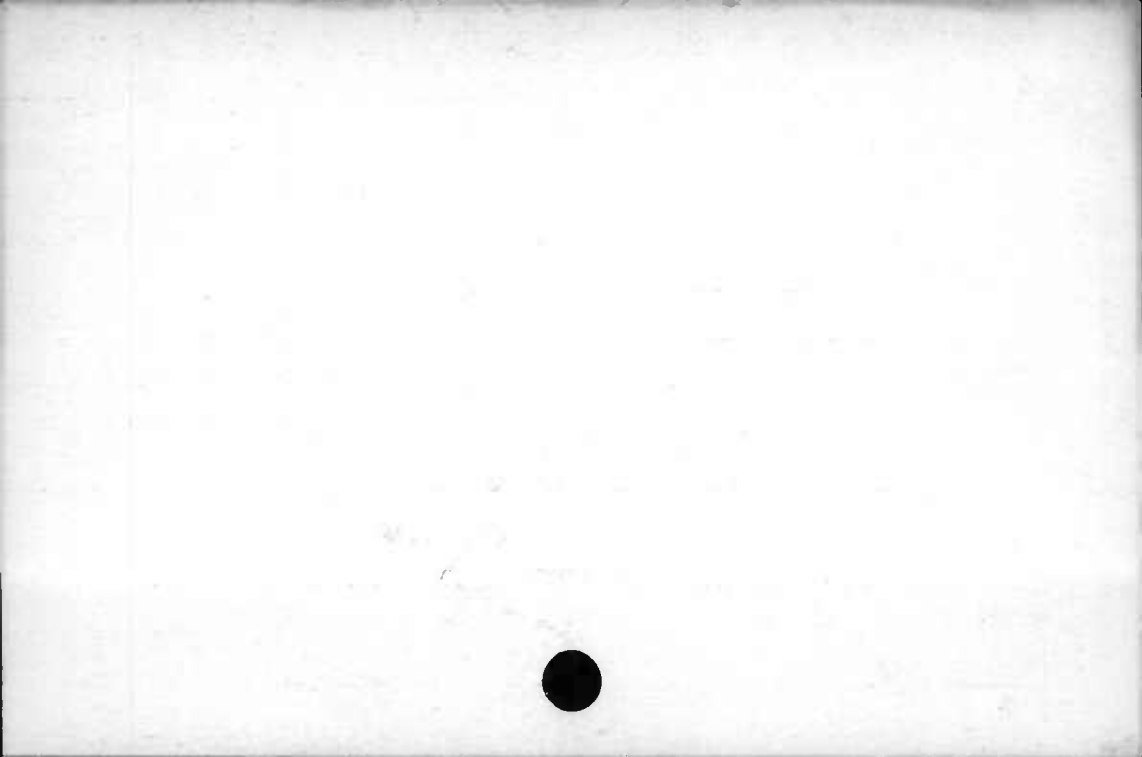
MARYLAND

Name *Ann Francis Henly*
 Died at *Summitsburg* *Frederick* County
 Date of death *1906 Feb 2nd* Age *69* Months *0* Days *4*
 Sex *Female* Color or Race *White* Birth-place *Summitsburg*
 Occupation *House-wife* Where Residing If not at place of death *=*
 Married, Single or Widowed *Married* Name of Wife or Husband *Mrs Henly*
 Father's Name *not given* Father's Birthplace
 Mother's Maiden Name *not given* Mother's Birthplace
 Name of person giving information *Rose Henly* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *none* **(95)** How long
 Immediate *Congestion of the Lungs* How long *one and half hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John B. Branner*
 Address *Summitsburg Md*
 Accident or Suicide?



Name
in
Full

Annie E. Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick		^{County} Frederick		MARYLAND	
Date of death	1906	Month	Feb	Day	21
Age		Years	70	Months	7
Sex		Female	Color or Race	White	Birth-place
Occupation		House work			
Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	David Pry			Father's Birthplace	
Mother's Maiden Name	Roda A. Harper			Mother's Birthplace	
Name of person giving information	H. Pry			How related to deceased	
			Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 weeks
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John H. Pry
		Address	Brunswick
			Frederick
Accident or Suicide?			

H. C. Hensley

Name
in
Full

Soloman Hood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	24	21			
Sex	Male		Color or Race	Black		Birthplace	Frederick
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Dilatation	How long	5 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			



Name
in
Full

Mary Jackson

CERTIFICATE OF DEATH

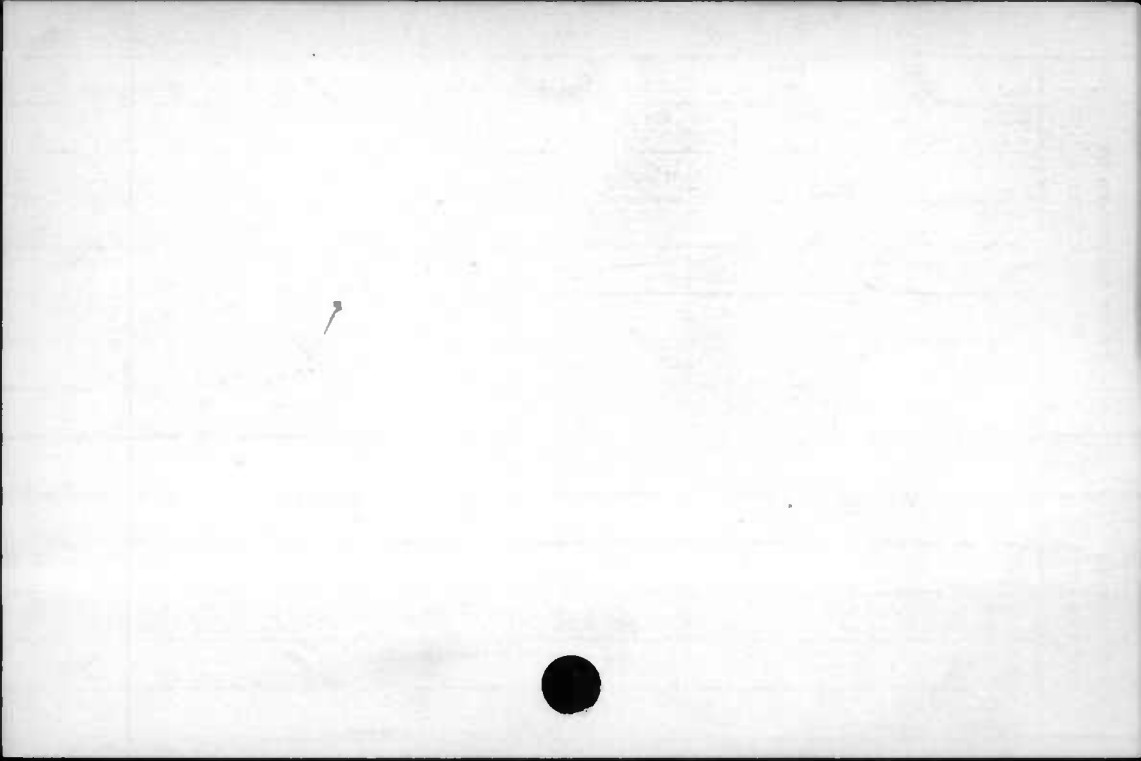
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	7	Day	9	Age	Years 71 Months 7 Days 7
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Md</i>
Occupation	<i>Midwife</i>			Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife Husband	<i>Lewis Jackson</i>			
Father's Name	<i>John Henson</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Mary Butcher</i>					Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Bessie Jackson</i>					How related to deceased	<i>Daughter</i>

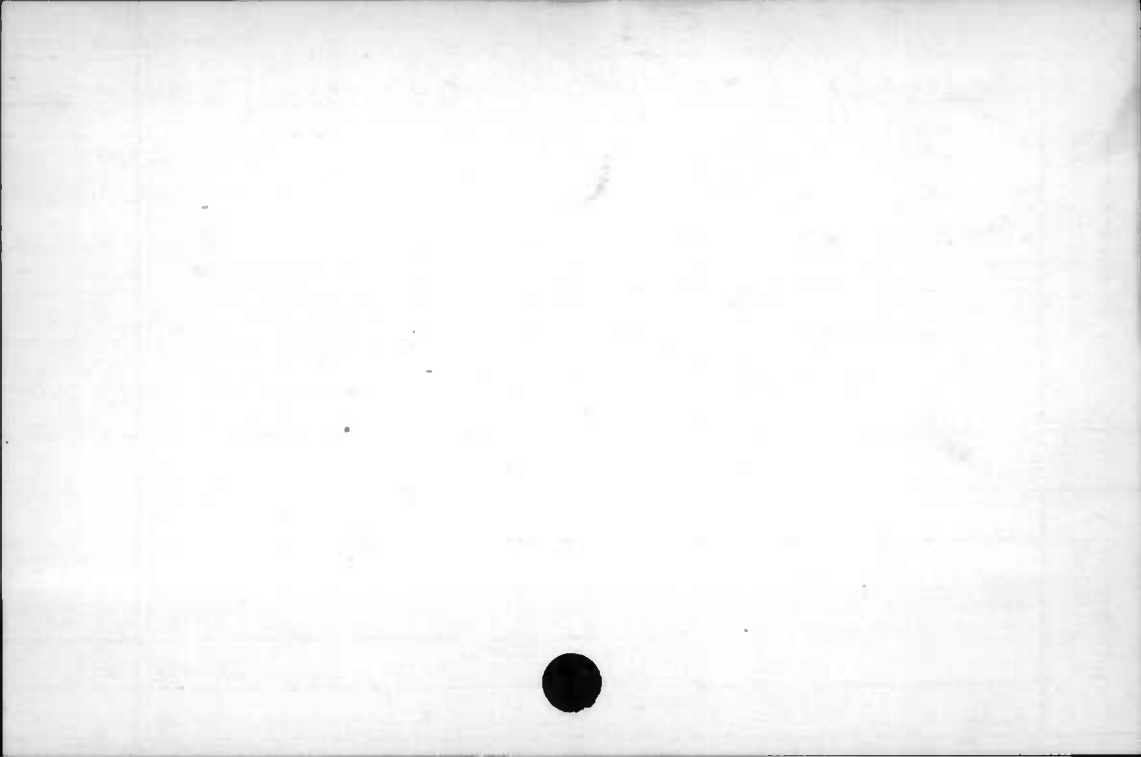
CAUSES OF DEATH

PHYSICIAN
OR CORONER

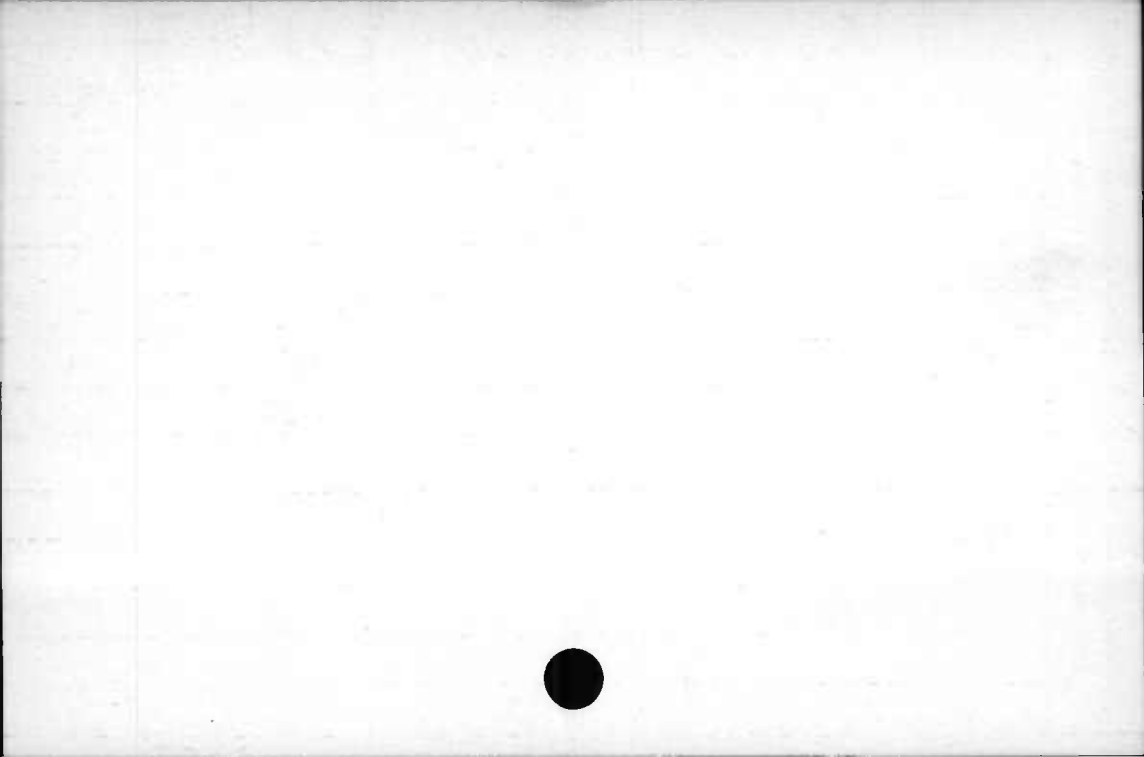
Primary	<i>Chronic Nephritis with Cardiac complication</i>	How long	<i>Several years</i>
Immediate	<i>Cardiac Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. C. G. Bourne</i>
		Address	<i>Frederick, Md</i>
Accident or Suicide?			



Name in Full		Bernard Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>8</i>		Age <i>27</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Frederick, Md.</i>		
	Occupation <i>None</i>				Where Residing if not at place of death <i>Same</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>				
	Father's Name <i>Harvey Johnson</i>				Father's Birthplace <i>Md.</i>		
	Mother's Maiden Name <i>Hellen Johnson</i>				Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Hellen Johnson</i>				How related to deceased <i>Mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Pneumonia</i> (93)		How long <i>Two days</i>		
	Immediate		<i>Convulsions</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>D. W. Baine</i>		
					Address <i>Frederick, Md.</i>		
Accident or Suicide?							



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Brunswick</i>		<i>King (mm)</i>		<i>Madrick</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>5</i>	Age		Years	Months
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>md</i>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>David King</i>		Father's Birthplace <i>md</i>				
	Mother's Maiden Name <i>Clara Page</i>		Mother's Birthplace <i>md</i>				
Name of person giving information <i>Clara Page</i>		How related to deceased <i>mother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>child Birth</i>		<i>(152)</i>		How long		
	Immediate <i>asphyxia</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. G. Horine</i>		Address <i>Brunswick</i>		
	Accident or Suicide? <i>in child birth as reported by colored midwife</i>						



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death 190	Month <i>2</i>	Day <i>12</i>	Age <i>76</i>	Months <i>6</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>J. R. Lambert</i>			Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Harriet Shivel</i>			Mother's Birthplace <i>Frederick Co</i>		
Name of person giving information <i>George C. Paisley</i>			How related to deceased <i>Son-in-Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>One month</i>
Immediate <i>Exhaustion</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
	Address <i>Court St Frederick Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Mary Albertine Law*

Died at *Emmetsburg* ^{Town} *Frederick* ^{County}

Date of death *1906* ^{Month} *Feb-* ^{Day} *4* ^{Years} *Age 71* ^{Months} *11* ^{Days} *14*

Sex *Female* Color or Race *White* Birthplace *New York*

Occupation *Religious* ^{Where Residing If not at place of death}

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *William Law* Father's Birthplace *New York*

Mother's Maiden Name *Mary Alice V. Green* Mother's Birthplace *New York*

Name of person giving information *Sister Bernadine Orendorf* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Liver cancer and jaundice of the liver* How long *18 Months*

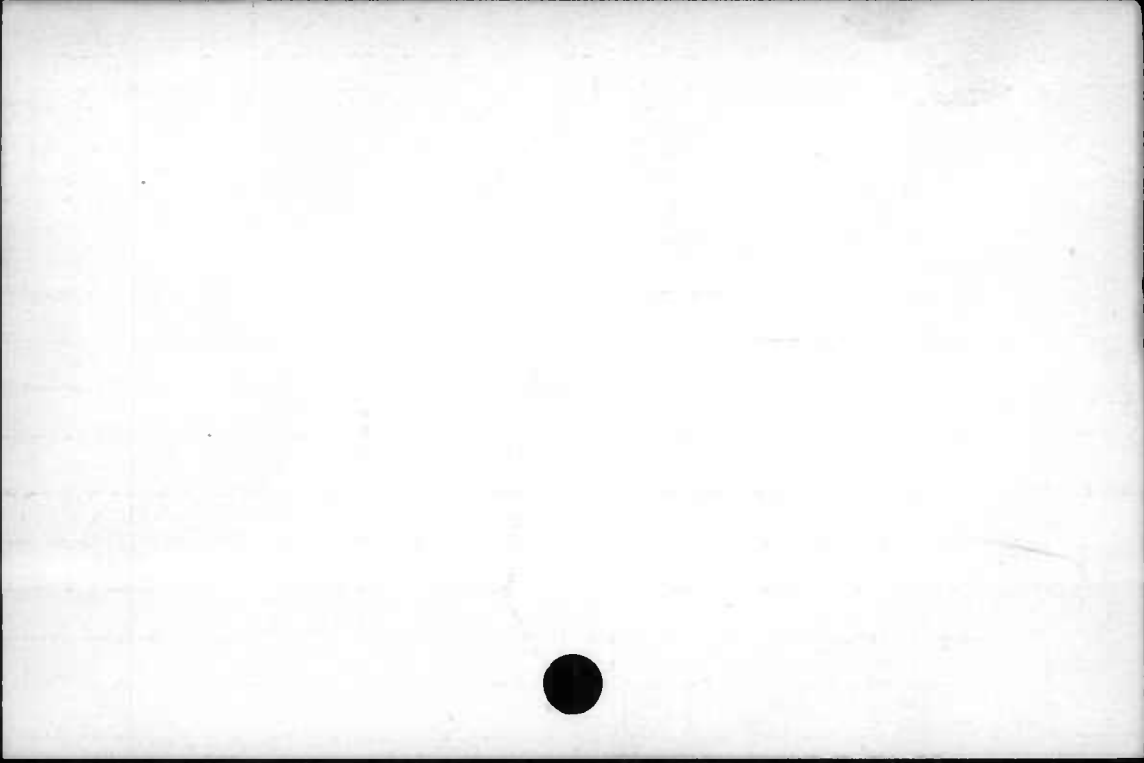
Immediate *Fracture* How long *12 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John B. Brannan, M.D.*

Address *Emmetsburg, Md.*

Accident or Suicide?



Name
in
Full

Harvey E. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hope Hill</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>9</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Lee</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Bessie Hill</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

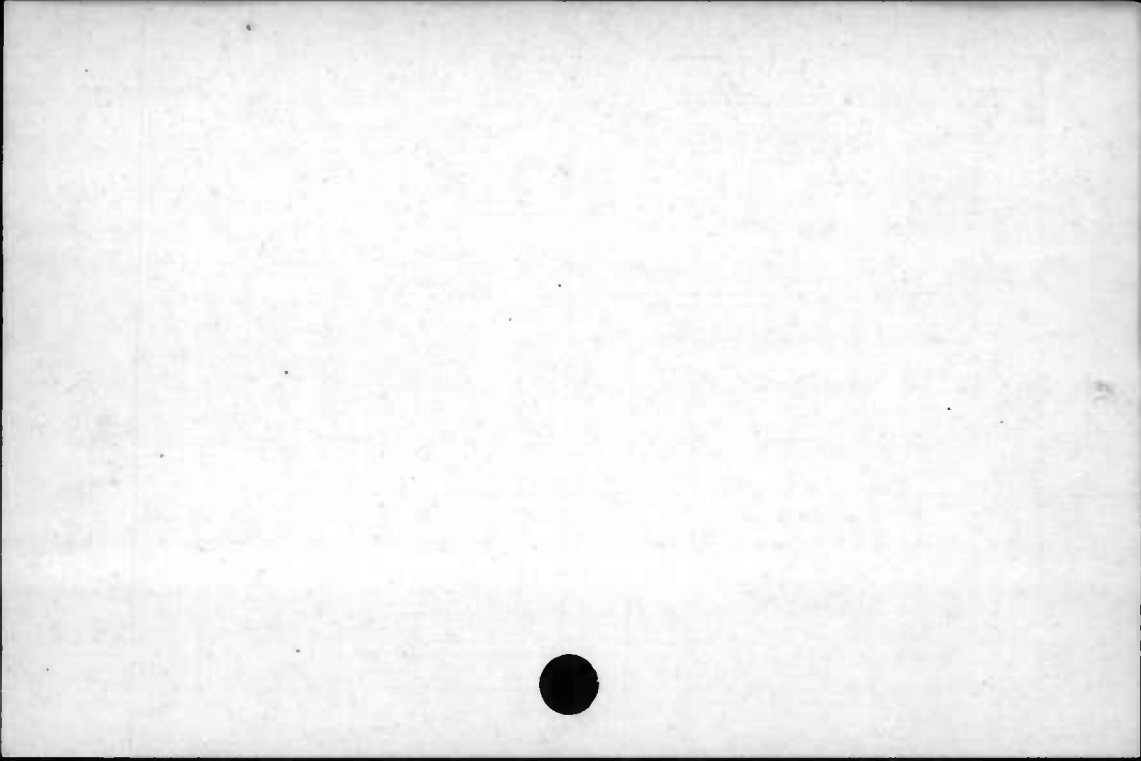
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. Clyde Ransom</i>
	Address <i>Buckeye town</i>
Accident or Suicide?	



Name in Full		Henry William Thomas Lee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1906	Month Feb.	Day 6	Age 1	Years 1	Months 2
	Sex	Male		Color or Race	Colored		Birth-place md
	Occupation				Where Residing If not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Arthur Lee		Father's Birthplace		Va.
Mother's Maiden Name		Jennie Hunt		Mother's Birthplace		Va.	
Name of person giving information		Jennie Hunt		How related to deceased		Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Heart Disease		How long		(19)
	Immediate				How long		Indefinite
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		D. S. Brown	
				Address		Frederick, Md.	
	Accident or Suicide?						



Name
in
Full

Nathanias Mc Liffe

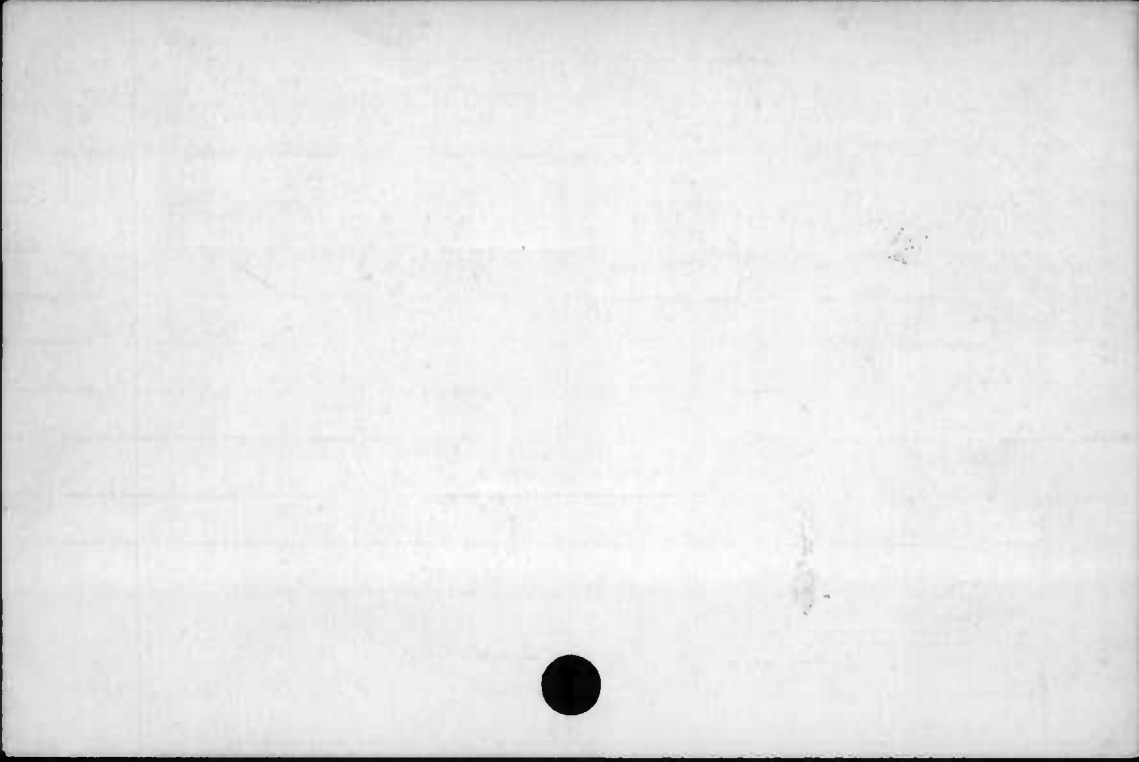
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fogville</u> Town		<u>Medicine</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>20th</u>	Years <u>Age about 62</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fogville Ind. Co. Ind.</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Effie Holmes</u>				
Father's Name <u>John Mc Liffe</u>	Father's Birthplace <u>Fogville Ind.</u>				
Mother's Maiden Name <u>Louisa Lewis</u>	Mother's Birthplace <u>Fogville, Md.</u>				
Name of person giving information <u>John Mc Liffe</u>	How related to deceased <u>Brother.</u>				

CAUSES OF DEATH

Primary <u>Hemiplegia</u>	<u>64</u>	How long <u>1 year</u>
Immediate <u>Recurrent Hemiplegia</u>		How long <u>About 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Kefauver</u>	Address <u>Sharon Court - Ind.</u>
Accident or Suicide? <u>no</u>		



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

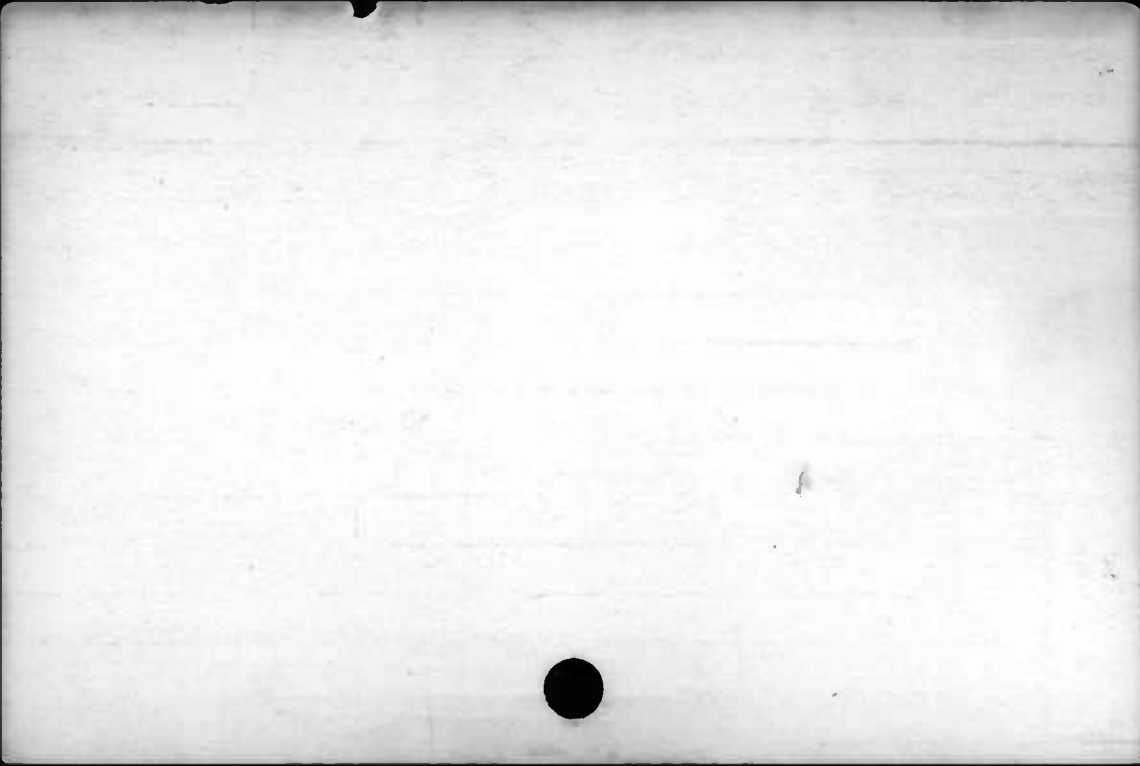
Name <i>Reus W McMaster</i>		Town <i>Baltimore City</i>		County		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>13</i>		Years <i>7</i>	
Date of death <i>1906</i>		Months <i>1</i>		Days <i>7</i>			
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Walkersville</i>			
Occupation <i>J</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>H M McMaster</i>		Father's Birthplace <i>Mt Pleasant</i>					
Mother's Maiden Name <i>Orene Stauffer</i>		Mother's Birthplace <i>Walkersville</i>					
Name of person giving information <i>Mrs F C Swadener</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
<i>C Infantum</i>		Address	
Accident or Suicide?			

DR. T. E. R. MILLER,
FREDERICK, MD.



Name
in
Full

Donald Makosky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Buckeye town		County ind		MARYLAND	
Date of death 190	6	Month July	Day 11	Age	Years 4	Months 8	Days 10
Sex	Male		Color or Race	White		Birth- place	ind
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Eugene Le Makosky		Father's Birthplace	
Mother's Maiden Name				Edith McFarland		Mother's Birthplace	
Name of person giving in formation						How related to deceased	

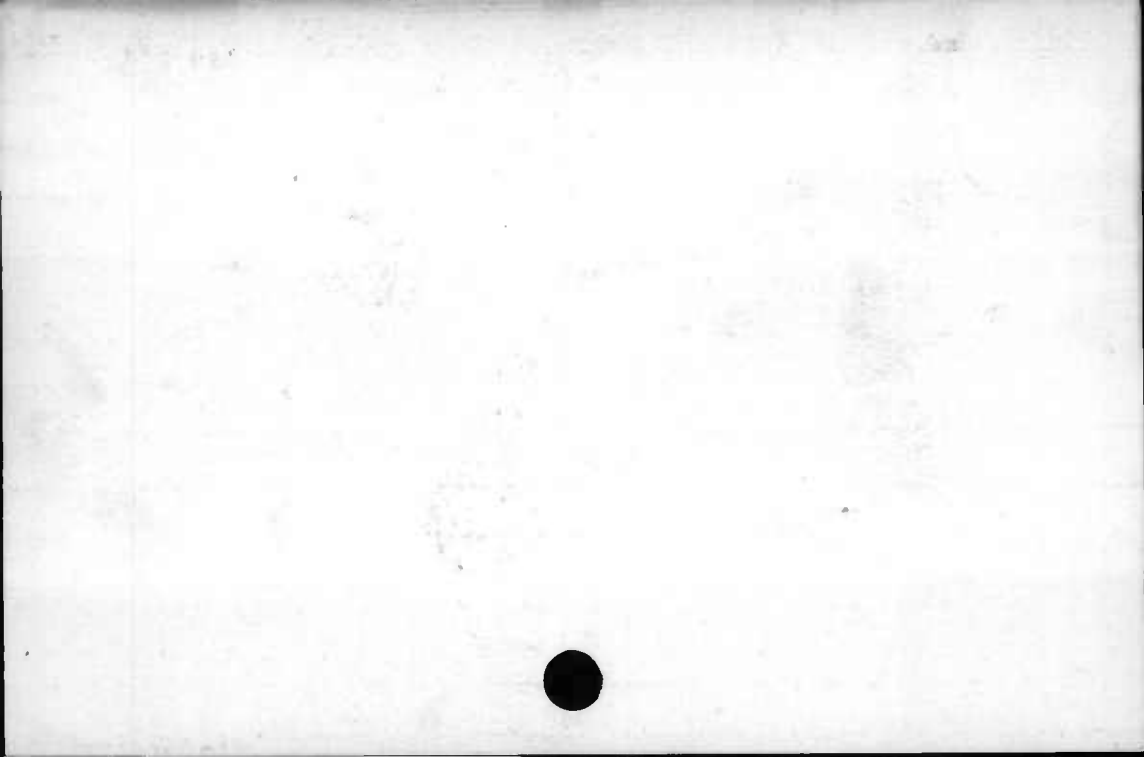
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet Fever	How long	5 days
Immediate	Heart Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		T. Clyde Ranton	
Address		Buckeye town	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Liberty Town</i>		County <i>Frederick</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>10</i>	Age <i>87</i>	Months <i>6</i> Days <i>1</i>	
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Frederick Co</i>		
	Occupation <i>Servant</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Maynard</i>				
	Father's Name <i>Silas Waters</i>	Father's Birthplace <i>Frederick Co</i>				
	Mother's Maiden Name <i>Lissy Waters</i>	Mother's Birthplace <i>Frederick Co</i>				
Name of person giving information <i>Mary L. Smith-</i>		How related to deceased <i>Daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long			
	Immediate <i>Heart Failure</i>		How long <i>36 hrs.</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas B. Stone</i>			
			Address <i>Liberty Town</i>			
	Accident or Suicide?		<i>Md.</i>			



Name in Full		Una V. Moler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u>			County <u>Frederick</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>26</u>	Age <u>7</u>	Years <u>1</u>	Months <u>1</u>	Days <u>1</u>
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>		
	Occupation <u>chess</u>			Where Residing if not at place of death <u>(61)</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Frederick Shirley Moler</u>				Father's Birthplace <u>W. Va</u>		
	Mother's Maiden Name <u>Pearl Capito Shewbridge</u>				Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>Pearl Shewbridge</u>				How related to deceased <u>mother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Bronchitis</u>			<u>(61)</u>		How long <u>5 days</u>	
	Immediate <u>pneumonia</u>			<u>(61)</u>		How long <u>2 "</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Levin Wish</u>			
				Address <u>Brunswick</u>			
	Accident or Suicide? <u>—</u>			<u>Frederick Co.</u>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Adamsstown</i>		<i>York</i> County		MARYLAND
	Date of death <i>1904</i>	Month <i>2</i>	Day <i>20</i>	Age	Years
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>	
	Occupation <i>Retired</i>	Where Residing if not at place of death <i>Adamsstown</i>			
	Married, Single or Widowed	Name of Wife or Husband <i>Wm Nichols</i>			
	Father's Name <i>Perry Wade</i>	Father's Birthplace <i>md</i>			
	Mother's Maiden Name <i>Rebecca Offutt</i>	Mother's Birthplace <i>md</i>			
	Name of person giving information	How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>General debility</i>			How long <i>10 days</i>
	Immediate	<i>General debility</i>			How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Conley</i>		
			Address <i>Adamsstown md.</i>		
	Accident or Suicide?				

Etchison

Name
in
Full

Mrs. Elizabeth E. Kull

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Near Anby^{County} Frederick

Date

of death 1906

Month

2

Day

21

Age

Years

70

Months

x

Days

x

Sex

Female

Color or
Race

White

Birth-
place

Pa.

Occupation

H' wife -

Where Residing if not
at place of death

x

Married, Single
or WidowedName of ~~Wife or~~
Husband

J. J. Kull

Father's
Name

Daylor

Father's
Birthplace

Pa.

Mother's
Maiden Name

Miss Barbara L. Kipler

Mother's
Birthplace

Pa.

Name of person giving
In formation

J. J. Kull

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Phthisis Pulmonalis -

How long

10 years

Immediate

Exhaustion

How long

27

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Bachlor Buchanan Jones

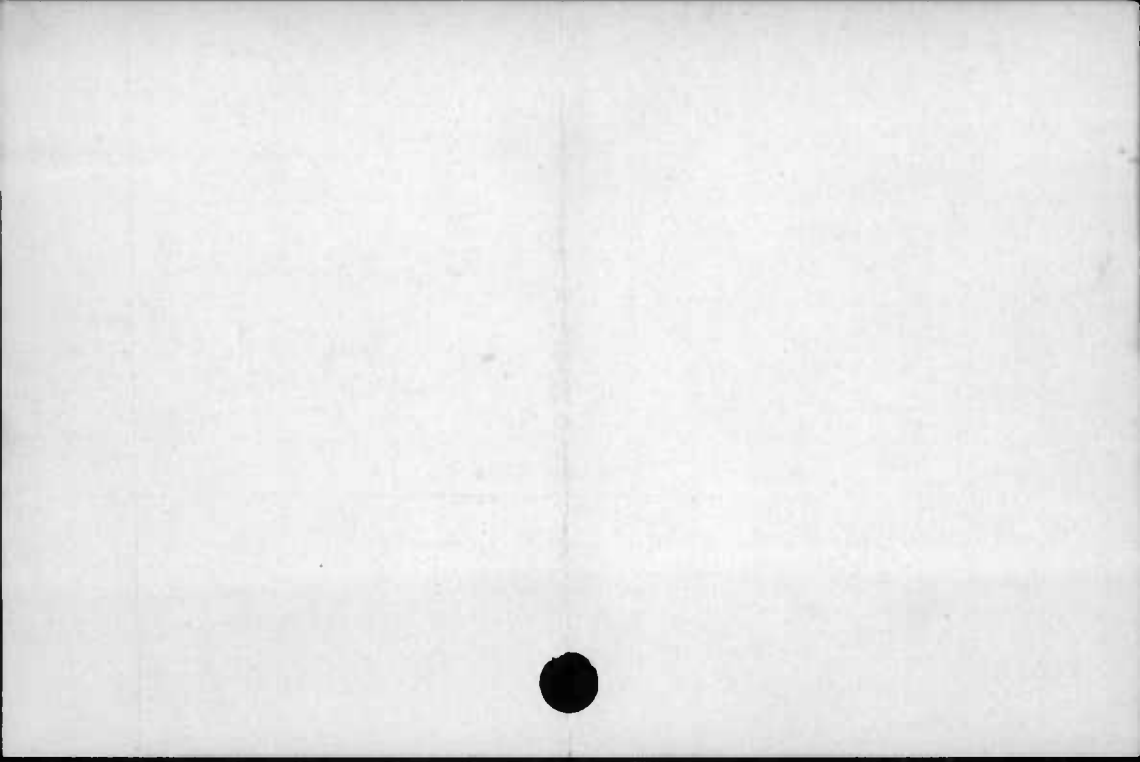
Address

Frederick

Accident or Suicide? x

Ind

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rachel Hussbaum

CERTIFICATE OF DEATH

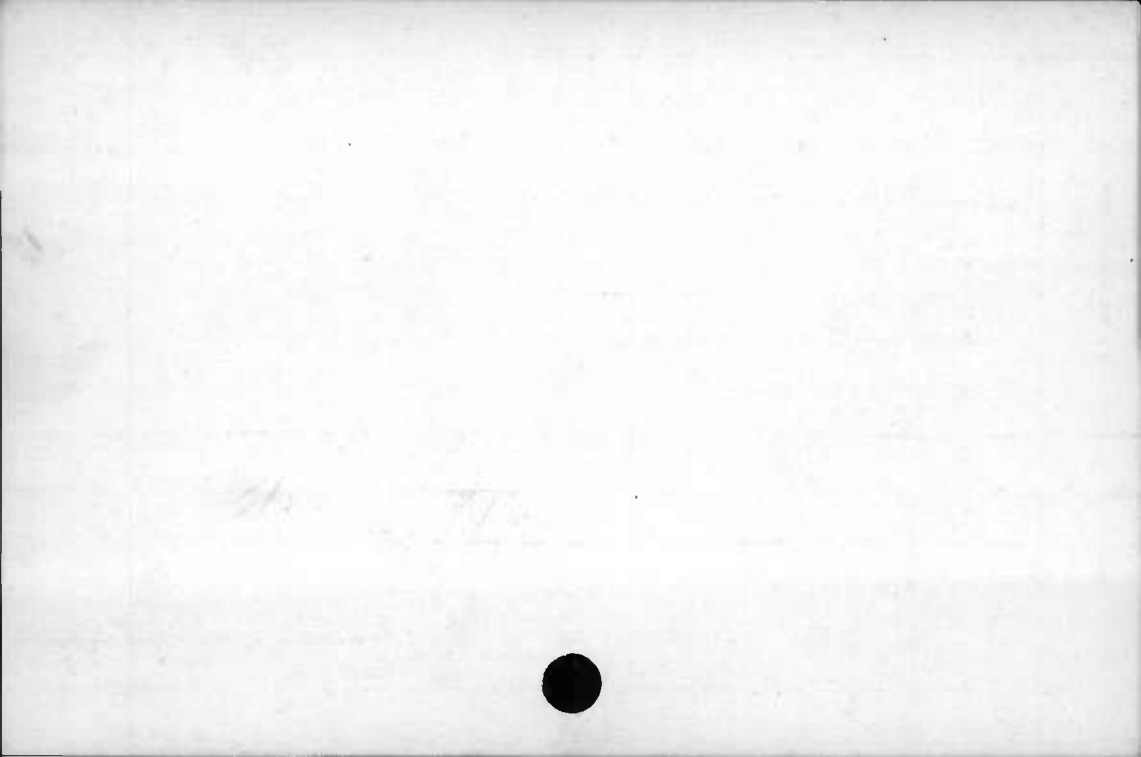
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monline Hospital Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>6</i>	Age <i>86</i>	Years <i>86</i>	Months <i>—</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lysons</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

Mrs Susan J. Nussbaum

CERTIFICATE OF DEATH

Died <i>near</i> ^{Town} <i>Frederick</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	February	Day	24
Age	82	Years		Months	10
				Days	16
Sex	Female	Color or Race	White	Birth-place	Filco Ned
Occupation	Retired	Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	Name of Wife Husband <i>John Nussbaum</i>				
Father's Name	<i>Henry Riggs</i>			Father's Birthplace	<i>Filco Ned</i>
Mother's Maiden Name	<i>Mary Hobbs</i>			Mother's Birthplace	" " "
Name of person giving information	<i>Ida Riggs</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

Primary	<i>Old Age</i>	How long	<i>Declining for several yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. S. Maynard</i>
		Address	<i>17 Second St W Hagerstown Md</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Stade

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

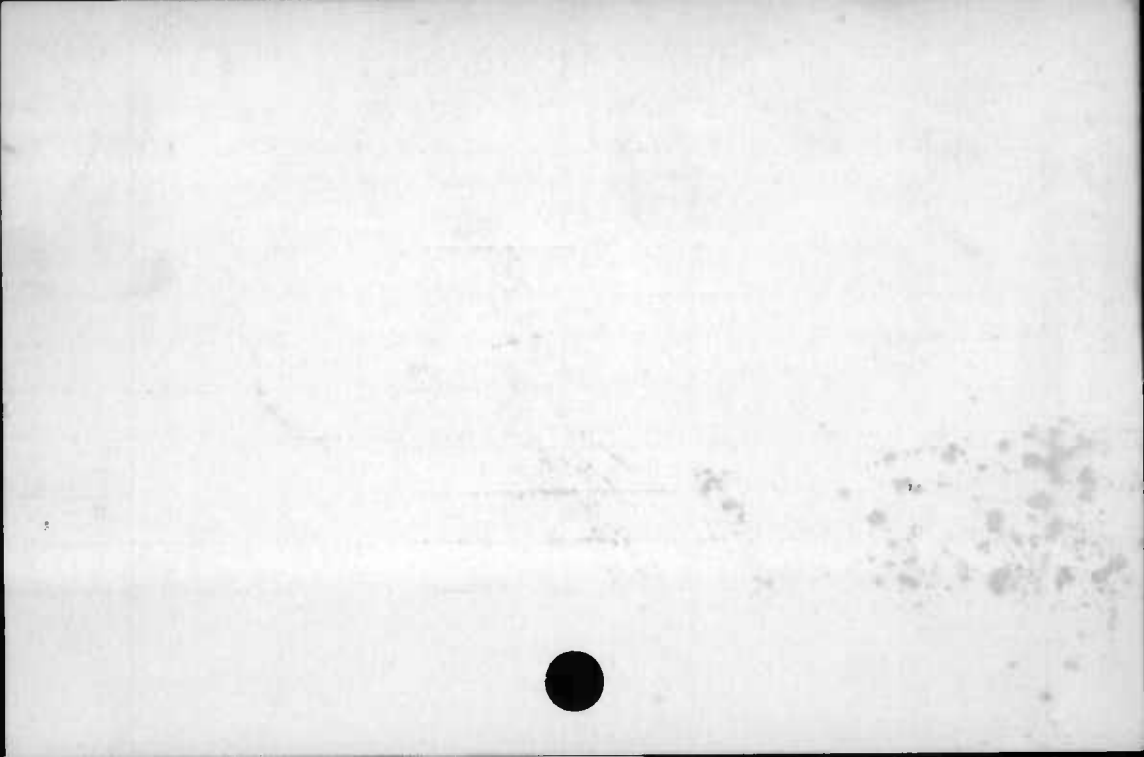
MARYLAND

Name in Full <i>Edith Rebecca Reed</i>		Town <i>Catolche</i>		County <i>Fresh</i>			
Died at <i>Catolche</i>							
Date of death <i>1906 Feb 21</i>		Month <i>Feb</i> Day <i>21</i>		Years <i>21</i>		Months <i>8</i> Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Fresh Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Samuel Reed</i>				Father's Birthplace <i>Fresh Co</i>			
Mother's Maiden Name <i>Jamison</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Samuel Reed</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>		How long <i>2 weeks</i>	
Immediate <i>Capillary Bronchitis</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Morris A. Brink</i>	
		Address <i>Thurmont Md</i>	
Accident or Suicide?			



Name
in
Full

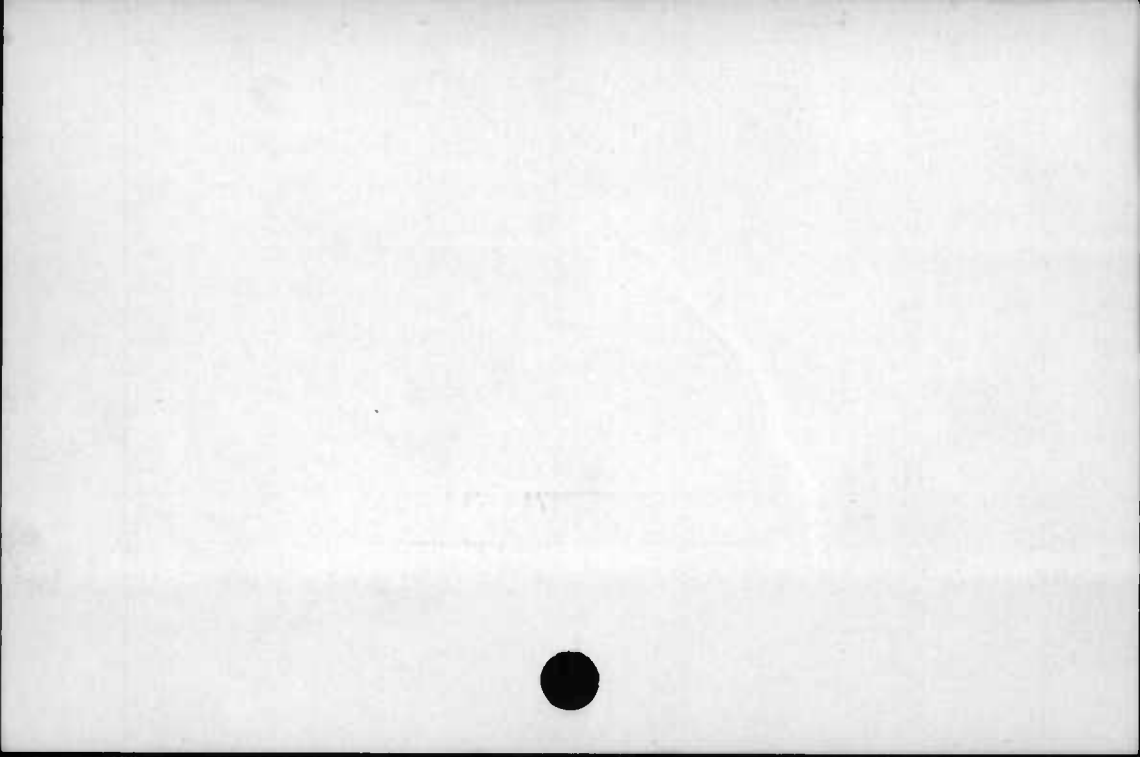
Brotha Rhodnick

CERTIFICATE OF DEATH

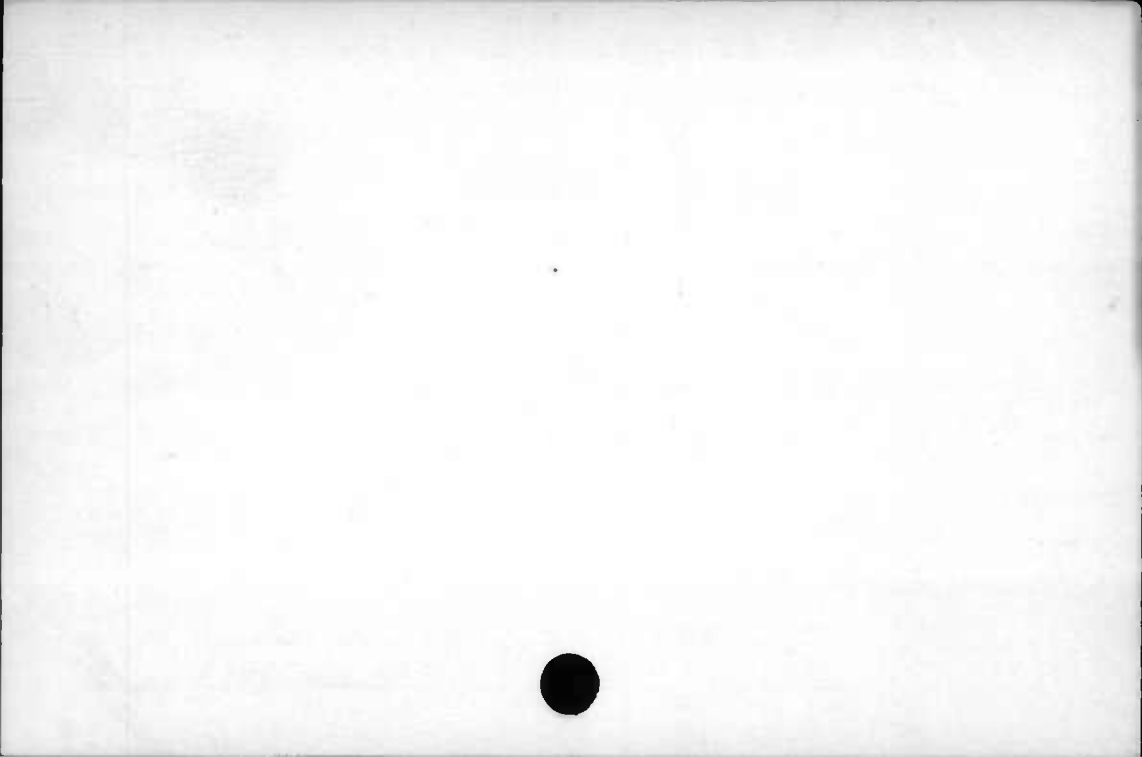
Died at <u>Frederick</u> ^{Town}		County <u>16</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>22</u>	Age <u>12</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Frederick, Md.</u>		
Occupation <u>School</u>	Where Residing if not at place of death <u>at home of Dr. Smith</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John C. Rhodnick</u>	Fether's Birthplace <u>Md - Co Md</u>				
Mother's Maiden Name <u>Ida Fox</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Father</u>	How related to deceased <u>+</u>				

CAUSES OF DEATH

Primary <u>Diphtheria (Membranous)</u>	How long <u>5 days</u>
Immediate <u>Cyanosis</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. S. Haywood</u>
	Address <u>17 Grand St. W. Frederick Md</u>
Accident or Suicide?	



Name In Full		George Carlton Rhoderick Sr.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Middletown</u>		County <u>Fredricks</u>		MARYLAND			
	Date of death	1906	Month	July	Day	13	Age	70
					Years		Months	9
							Days	8
	Sex	Male		Color or Race	White		Birth place	Middletown Ind
	Occupation	Printer & Publisher		Where Residing if not at place of death		Middletown Ind		
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary Ellen Koopfe		
	Father's Name	Mahlan Rhoderick				Father's Birthplace		
Mother's Maiden Name	Mary Flook				Mother's Birthplace			
Name of person giving information					How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Paralysis				How long	3 yrs	
	Immediate	Paralysis (Venous Stroke)				How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ed Beckley	
					Address		Middletown	
	Accident or Suicide?						Maryland	



Name
in
Full

CERTIFICATE OF DEATH

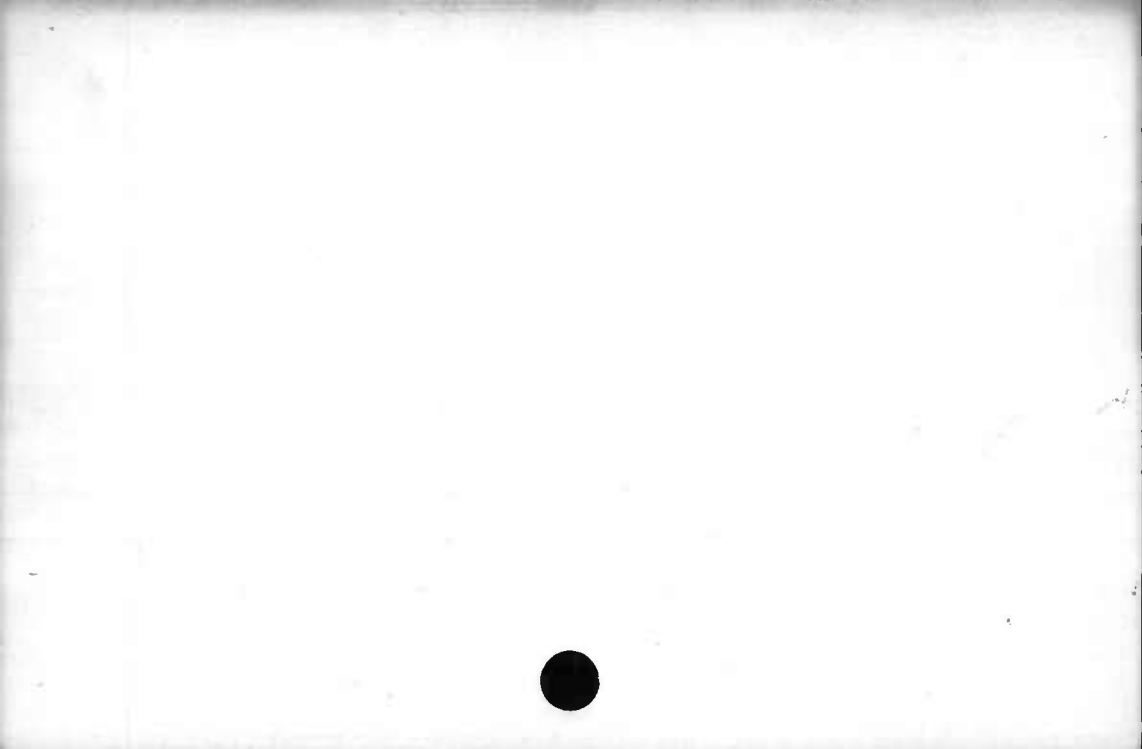
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Middletown</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>6</i>	Age —	Years —	Months <i>6</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name <i>Frank N. Rhodenick</i>				Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Sarah E Shipley</i>				Mother's Birthplace <i>Ma</i>			
Name of person giving In formation <i>H. C. Fette</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Pomeroy</i>
	Address <i>Middletown</i> <i>Ma</i>
Accident or Suicide? —	



Name
in
Full

Nannie Elizabeth Bappington

CERTIFICATE OF DEATH

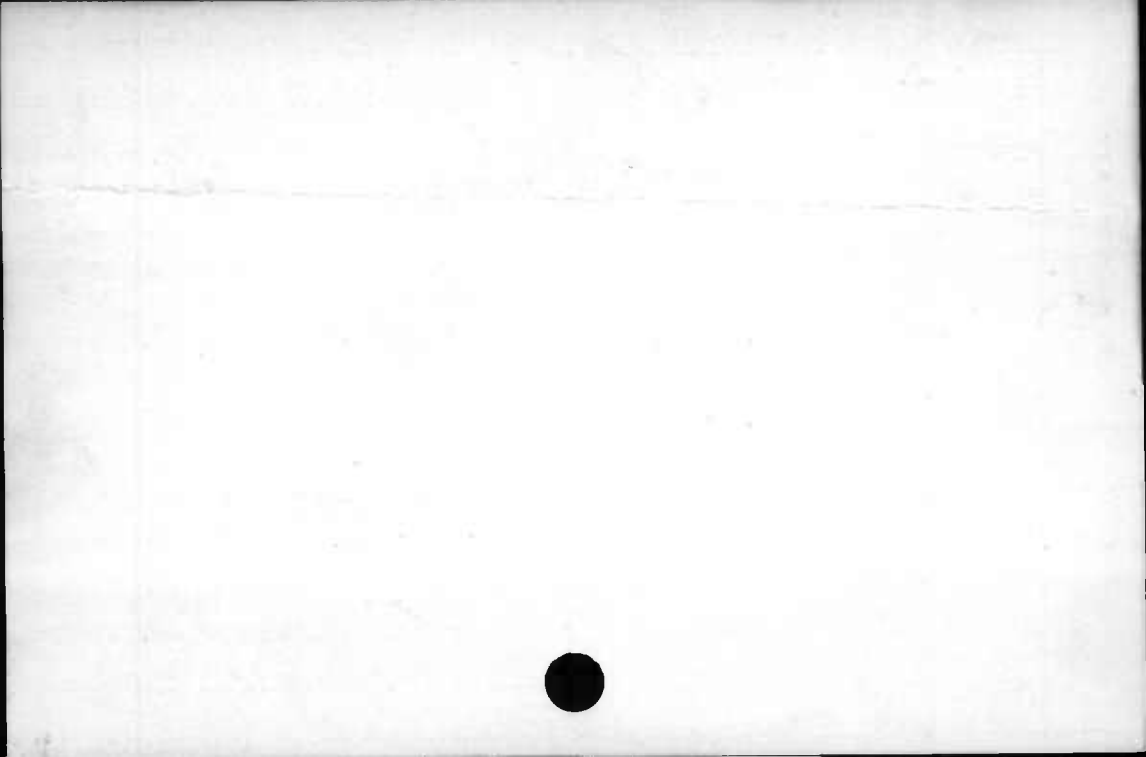
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Johnsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Febr.</i>	Day <i>3</i>	Age <i>13</i>	Years	Months <i>1</i>	Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Johnsville Md.</i>			
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Geo. X. Bappington</i>				Father's Birthplace <i>Fredk Co. Md.</i>			
Mother's Maiden Name <i>Elizabeth Frazier</i>				Mother's Birthplace <i>Fredk Co. Md.</i>			
Name of person giving information <i>Geo. X. Bappington</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

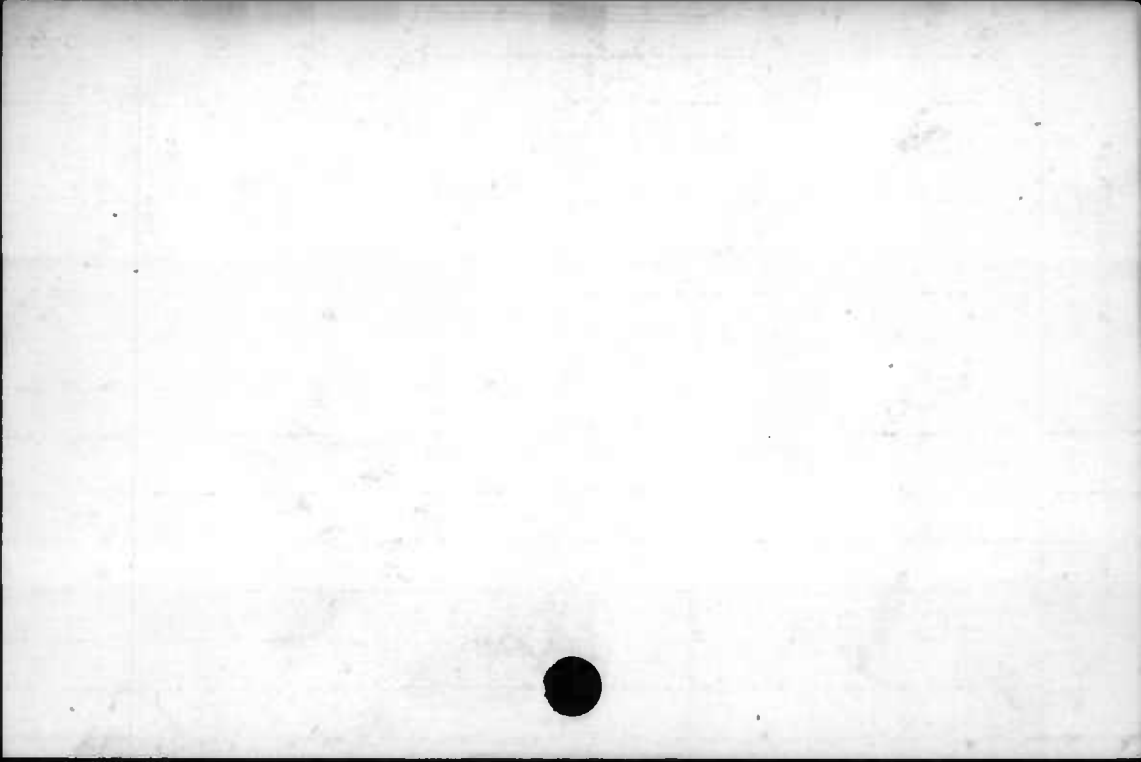
Primary <i>Diphtheria</i>	How long <i>3 days</i>
Immediate <i>Diphtheritic Croup</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Geo</i>	Signature of Physician <i>John I. Liggett, M.D.</i>
	Address <i>Ladiesburg Md.</i>
Accident or Suicide?	



Name in Full Leona Augusta Schroyer		CERTIFICATE OF DEATH	
Died at ^{Town} near wolfsville		^{County} Frederick	
Date of death 1906 Feb. 20		Age 12	
Sex Female		Color or Race white	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Trenton C. Schroyer		Father's Birthplace Md	
Mother's Maiden Name Lola Gaver		Mother's Birthplace Md	
Name of person giving information L. M. Schroyer		How related to deceased uncle	
CAUSES OF DEATH			
Primary Unknown		How long 116	
Immediate Peritonitis		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. J. Smith	
		Address wolfsville Md.	
Accident or Suicide?			



Name in Full		Michael Seacrest				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>13</i>	Age <i>80</i>	Years <i>80</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		
	Occupation <i>Retired Blacksmith</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Widower</i>	Name of Wife <i>deceased Sarah Klein</i>					
	Father's Name <i>Michael Seachrist</i>				Father's Birthplace <i>Pa</i>		
	Mother's Maiden Name <i>Heinell</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mr John Seacrest</i>		How related to deceased <i>daughter in law</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Shock from fall on face</i>				How long <i>166</i> 4 days		
	Immediate <i>Exhaustion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Chas F. Gooden M.D.</i>		
					Address <i>Frederick. Md</i>		
Accident or Suicide? <i>No</i>							



Name
in
Full

Jane R. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 1 Knoxville		County Frederick		MARYLAND	
Date of death 1906	Month Feb	Day 13	Age 53	Months	Days
Sex Female	Color or Race white		Birth-place Pa		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed married	Name of Wife or Husband Matthew Davis				
Father's Name Eliza Cor der	Father's Birthplace Pa				
Mother's Maiden Name Elizabeth Thompson	Mother's Birthplace Pa				
Name of person giving information Davis	How related to deceased Daughter				

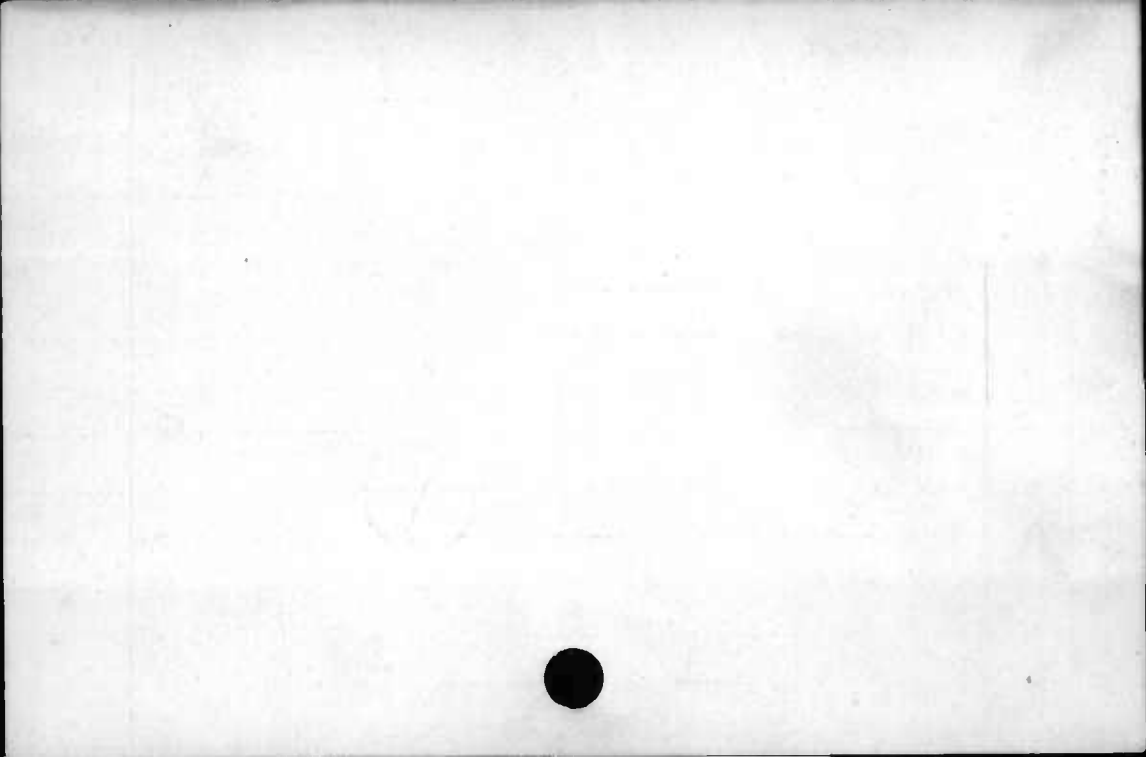
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Alcoholism	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Vernon Trust
		Address	73
Accident or Suicide?			



Name in Full		Paul Killinger Shank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Woodboro		Franklin		MARYLAND	
	Date of death	1906	Month Feb	Day 5	Age 10	Months 3	Days 22
	Sex	male		Color or Race	white		Birth-place
	Occupation	none		Where Residing if not at place of death		Woodboro.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Jas. L. Shank				Father's Birthplace	Woodboro
	Mother's Maiden Name	Killinger				Mother's Birthplace	Remmyland
Name of person giving information	Joseph L. Shank				How related to deceased	Father	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Typho Malaria. (1)				How long	Four days.
	Immediate	Typho Malaria.				How long	Four days.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Woodboro		
Accident or Suicide?		—		M-d			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hellenia R. Shormaker</i>		Town <i>near Harney</i>		County <i>Griderick</i>		MARYLAND	
Died at <i>near Harney</i>		Date of death <i>1906</i>		Month <i>2</i>		Day <i>20</i>	
Age <i>3</i>		Years <i>3</i>		Months <i>5</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Harney</i>			
Occupation <i>none</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>William Shormaker</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>Emma Manahan</i>		Mother's Birthplace <i>Adams Co. Pa.</i>					
Name of person giving information <i>William Shormaker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>(6) One week.</i>
Immediate <i>Cardiac Failure</i>	How long <i>6 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. Pearce</i>
Address <i>Harney.</i>	
Accident or Suicide? _____	<i>Carroll Co. Md.</i>



Ernest Snider

No. 8

CERTIFICATE OF DEATH

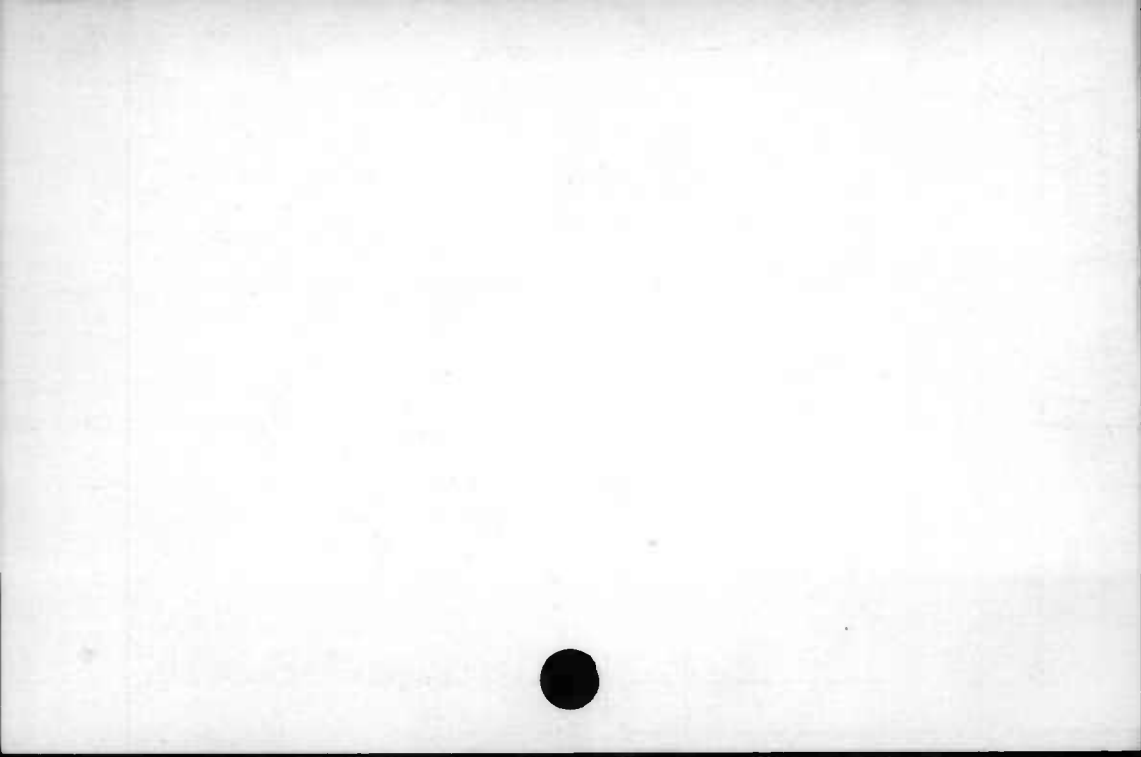
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baitholows</i>			Town <i>Frederick</i>		County		MARYLAND				
Date of death <i>1906</i>		Month <i>2</i>		Day <i>18</i>		Years <i>34</i>		Months <i>6</i>		Days <i>13</i>	
Sex <i>male</i>			Color or Race <i>white</i>				Birth place <i>Maryland</i>				
Occupation <i>Telegraph Operator</i>						Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Bessie Colburn Snider</i>								
Father's Name <i>Andrew Snider</i>						Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Smith</i>						Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Bessie Snider</i>						How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>3 yrs.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins Jr.</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Frank Co., Maryland</i>	



Name

in

Full

Annie Speaks

CERTIFICATE OF DEATH

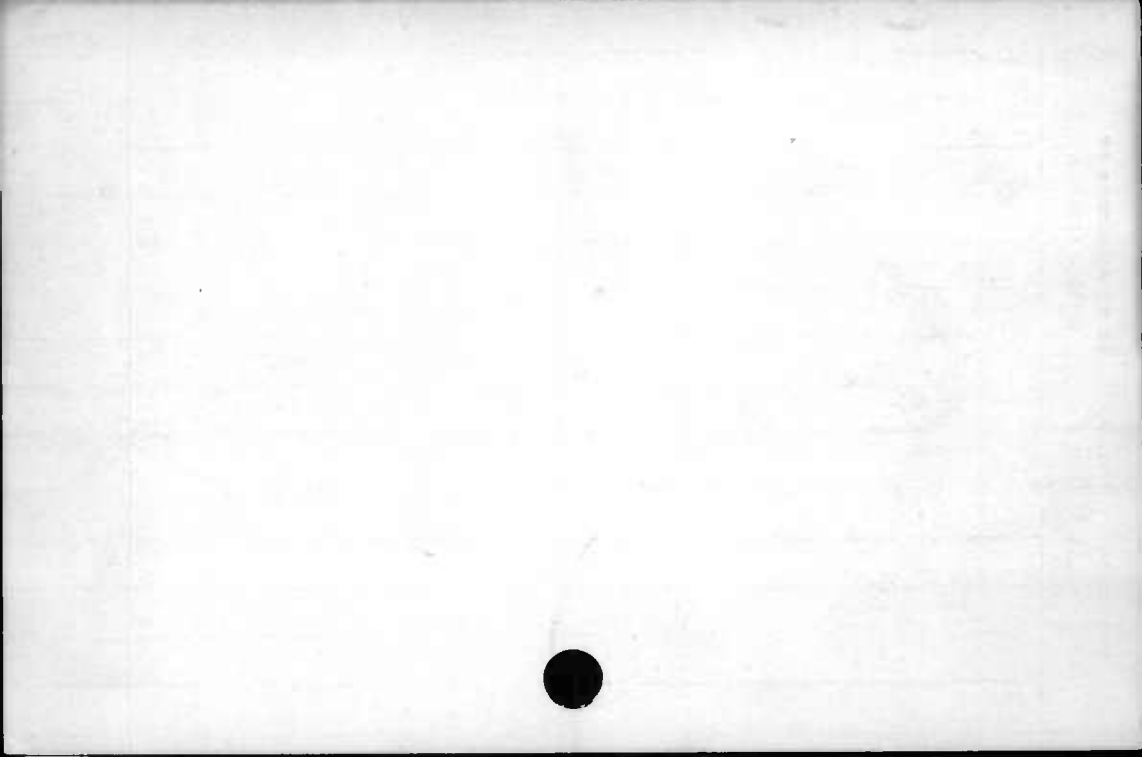
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>			County <i>Frederick</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>13</i>	Age <i>44</i>	Years	Months	Days	
Sex		Color or Race <i>white</i>		Birth-place			
Occupation <i>Nurse</i>			Where Residing if not at place of death <i>Thurmont</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John T. Speaks</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Wilson Sept</i>
	Address <i>Emergency Hospital</i>
Accident or Suicide?	



Name In Full

Certificate of Death

man *Oliver Stallings*
 Died at *Woodville* *Fredricks State* *MARYLAND*

Date *1906* *2* *4* *Y.* *M.* *D.* *Md.* *Laborer*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *4*

Husband of *Katie Stallings*
 Wife
 Father's Name *John Stallings* Mother's Name *Rebecca Stallings*

Cause of Death { Primary *Fracture of Skull & Concussion of Brain* How long sick *9 hours*
 Immediate *Coma* Accident, ~~Suicide~~, ~~Homicide~~

Reported by *David M. Durlison M.D.*

Address *Woodville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

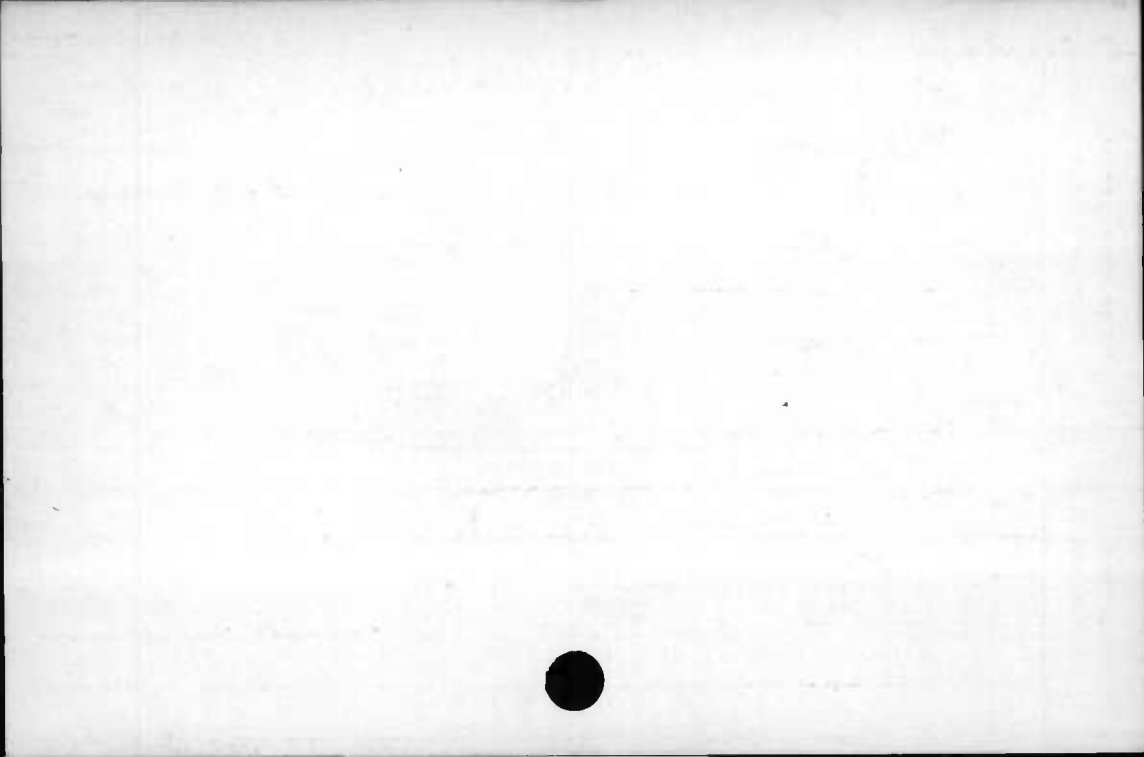
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1906	Month	Feb	Day	13	Age	50
Sex	Male		Color or Race	Black		Birth-place	Sochester Co
Occupation				Where Residing if not at place of death <i>Insane</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>X</i>					
Father's Name		<i>X</i>				Father's Birthplace <i>X</i>	
Mother's Maiden Name		<i>X</i>				Mother's Birthplace <i>X</i>	
Name of person giving information		<i>108</i>				How related to deceased <i>X</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Obstruction</i>	How long	<i>4 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. S. Lyson</i>
		Address	<i>Frederick</i>
Accident or Suicide?			<i>Paul</i>



Name
in
Full

Susan S. Staup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Breagerstown

County Frederick Co.

MARYLAND

Date of death 1906 ^{Month} Feb. ^{Day} 8 ^{Age} 61 ^{Years} 3 ^{Months} 11 ^{Days}

Sex Males Color or Race White Birth-place Middletown Md-

Occupation Housekeeper Where Residing If not at place of death ✓

Married, Single or Widowed Name of Wife or Husband William H. Staup

Father's Name George Main Father's Birthplace Don't know

Mother's Maiden Name Mary Frick Mother's Birthplace Don't know

Name of person giving information L. B. Breager How related to deceased No Relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Biliary Colic - due to inspissated bile caused by congestion of liver & a catarrhal condition of biliary passages

How long 10

Immediate General exhaustion

How long Days

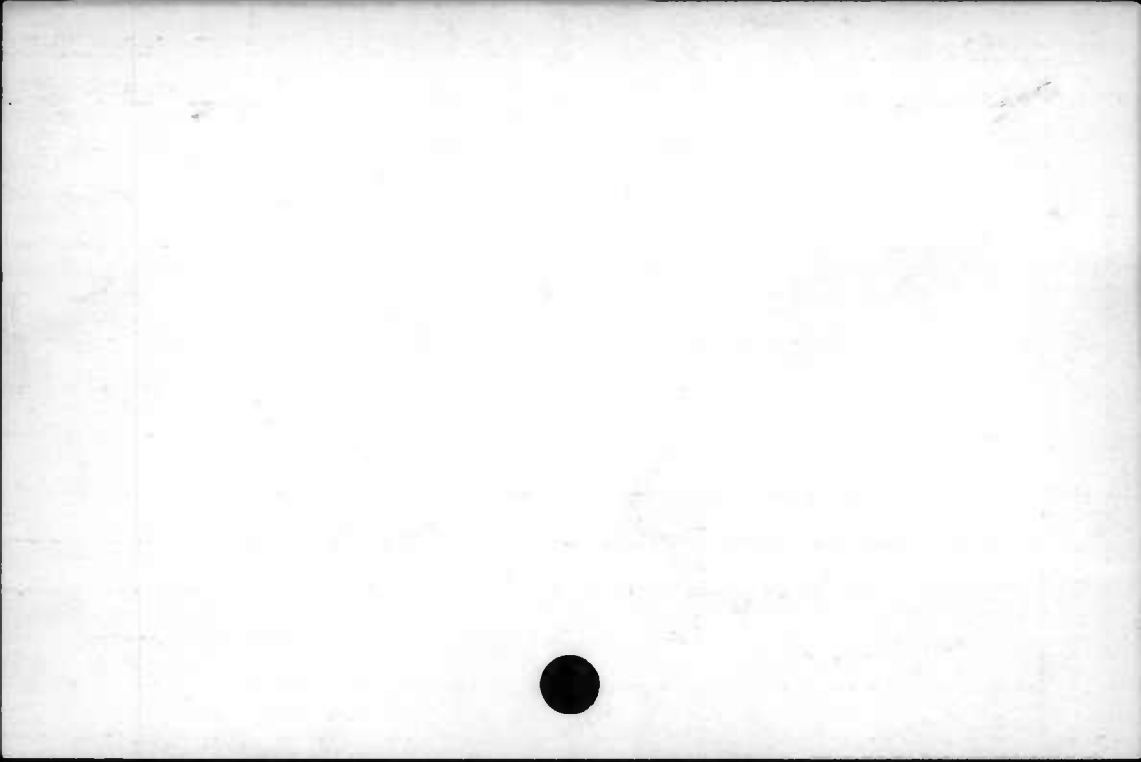
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. A. Staup

To best of my knowledge

Address Woodbrow Md.

Accident or Suicide? ✓



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		John W. Strasberger				CERTIFICATE OF DEATH	
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month 1906	Day 2	Age 18	Years 77	Months 5	Days 4
Sex Male		Color or Race White		Birthplace F. Co. Md			
Occupation Veterinary Surgeon		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Catherine Foy					
Father's Name John Strasberger		Father's Birthplace Md					
Mother's Maiden Name Catherine Stitely		Mother's Birthplace "					
Name of person giving information Ladys Strasberger		How related to deceased Daughter					
CAUSES OF DEATH							
Primary		Cancer Face & Neck		How long Several years			
Immediate		Exhaustion		How long 3 weeks			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. O. Hendrix			
				Address [Redacted]			
Accident or Suicide?							



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Clinton</i>		County <i>Wick</i>		MARYLAND	
Date of death	1906	Month	<i>Feb</i>	Day	<i>15</i>	Age	<i>1</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>md</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>John H. Streamer</i>					Father's Birthplace	<i>Ta</i>
Mother's Maiden Name	<i>Lizzie Jackson</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>John H. Streamer</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Al Hornik</i>
		Address	<i>Brunswick</i>
			<i>md</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	We are Thompson				MARYLAND
	Died at ^{Town} Centerville ^{County} Frederick				
	Date of death 1904 ^{Month} Feb. ^{Day} 23 ^{Years} Age 53 ^{Months} 7 ^{Days} 5				
	Sex Female	Color or Race colored	Birth-place	red	
	Occupation Housekeeper	Where Residing if not at place of death			
	Married, Single or Widowed Married	Name of Wife or Husband Alfred Thompson			
	Father's Name Elmer Jackson	Father's Birthplace red			
Mother's Maiden Name Hannah Jackson	Mother's Birthplace red				
Name of person giving information H. Thompson	How related to deceased		husband		
CAUSES OF DEATH					
PHYSICIAN OR CORNER	Primary	Kidney & Heart Disease		How long	23 years.
	Immediate	Paralytic (A20)		How long	3 weeks.
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. E. Chellix
			Address	28 Broadway - red -	
	Accident or Suicide?				



Name
in
Full

John E. Mathy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Weldon</i> Town		<i>Fredericks</i> County			
Date of death 190 <i>6</i>	Month <i>3.</i>	Day <i>11</i>	Age Years <i>72</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Maud Gerte</i>			How related to deceased <i>Grand Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(66)</i>	How long
Immediate <i>Paralytic</i>		How long <i>1 1/2 hours</i>
Are the name, age, sex, color, date, and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. White</i>
		Address <i>Unionville Md</i>
Accident or Suicide?		

Lingamora

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Lodge -
Monticue Hospital*

Town

County

Frederick Co

Date

of death *1906*

Month

Feb

Day

21

Age

Years

40

Months

Days

Sex

*Male*Color or
Race*Black*Birth-
place*P. George Co*

Occupation

*+*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*+*Father's
Name*+*Fether's
Birthplace*+*Mother's
Maiden Name*+*Mother's
Birthplace*+*Name of person giving
In formation*Mrs. [unclear]*How related
to deceased*+*

CAUSES OF DEATH

Primary

Inanition

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER*R. S. Lyson.
Frederick*



CERTIFICATE OF DEATH

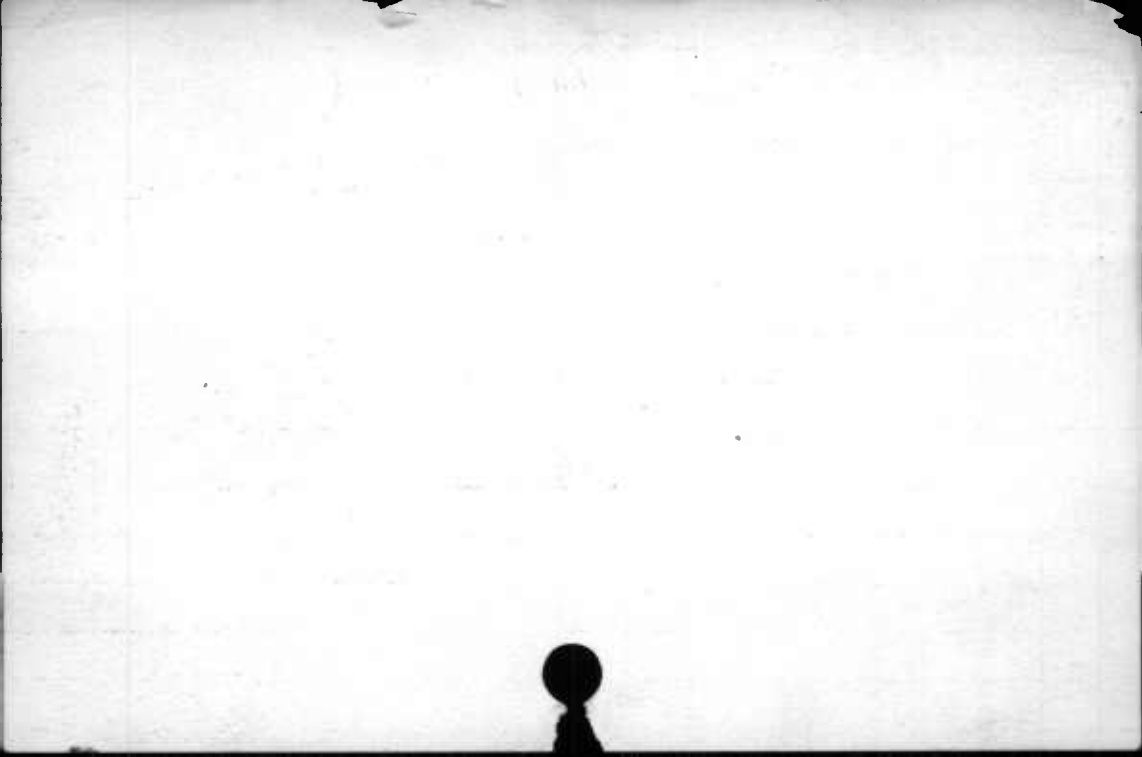
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> <i>Frederick</i>		County		MARYLAND	
Date of death	1906	Month	2	Day	25
Age	89	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	House Wife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>David Whitmore</i>				
Father's Name	<i>Robert Johnson</i>			Father's Birthplace	MD
Mother's Maiden Name	<i>Sophia Roontz</i>			Mother's Birthplace	"
Name of person giving information	<i>Mrs. H. E. Martin</i>			How related to deceased	Daughter

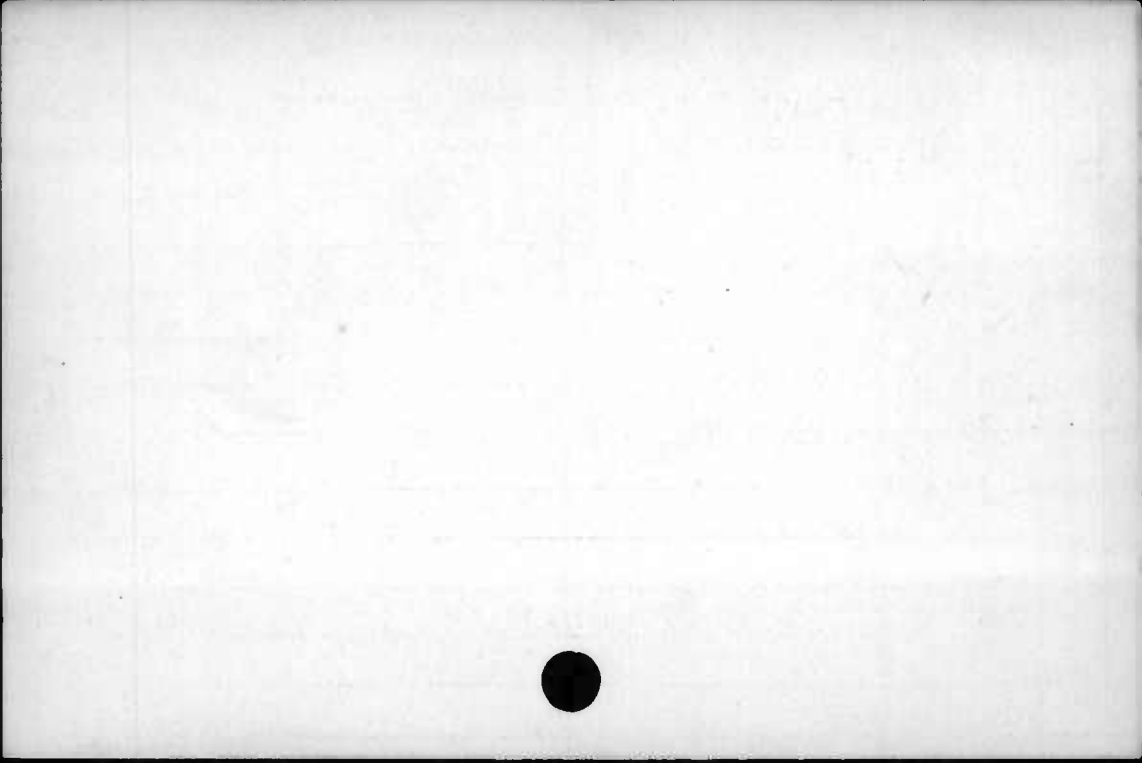
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>Year or more</i>
Immediate	<i>Senility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Schelbinger</i>	
		Address <i>Emmitsburg</i>	
Accident or Suicide?			



Name in Full <i>Catherine S Milhede</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Haltersville</i> Town		<i>Indt.</i> County
	MARYLAND		
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>26</i>
	Age <i>17</i> Years		Months <i>7</i>
	Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Haltersville,</i>
	Occupation		Where Residing if not at place of death <i>Haltersville</i>
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Charles Milhede</i>		Father's Birthplace <i>Haltersville</i>	
Mother's Maiden Name <i>Elizabeth Rice</i>		Mother's Birthplace <i>Charlestown Md</i>	
Name of person giving information <i>J. D. Theodenus</i>		How related to deceased <i>in no wise</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pernicious Anaemia</i>	<i>54</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Theodenus</i>	
		Address <i>Haltersville Md.</i>	
	Accident or Suicide?		



Name
in
Full

Henrietta F. Worthington No. 7

CERTIFICATE OF DEATH

Died at <i>New Market</i>		Town <i>Dorchester</i>		County <i>Co.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Feb.</i>		Day <i>8</i>		Years <i>63</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Man. Co., Md.</i>		Months <i>8</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>11</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Father's Name <i>Thomas Worthington</i>		Mother's Maiden Name <i>Jane H. Jamison</i>		Name of person giving information <i>Kate Wood</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

Primary	<i>Arterio-Sclerosis</i>	How long	<i>Don't know</i>
Immediate	<i>Apoplexy</i>	How long	<i>Dead suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins Jr. M.D.</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Manford.</i>	

